CERTIFICATE OF DEATH

04964

215

1. PLACE OF DEATH			P VOVIA PROVINCE (TOTAL OF THE		
COUNTY			2. USUAL RESIDENCE (HOME) OF DECE	COUNTY	7
	ntgomery porate limits, write RURA	MARYLAND	Distri	ct of Colu	mola	
OR give nearest	ethesda, Hural	1 (in athis place)	CITY (If outside corpor OR		JRAL and giv	e nearest town)
	e mesua, mai	L L day		ngton		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	U. S. Nava	al Hospital	STREET ADDRESS 1514	U Street,		/
3. NAME OF DECEASED (Type or Print)	(First) Lorenzo	(Middle) (none)	(Last) ADOLA	4. DATE OF DEATH	(Month) May 30,	(Day) (Year)
5. SEX	6. COLOR OR RACE Malayan	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILOWED	Jan 16, 1878	0 4001 . 11.1		year If under 24 hrs Pays Hours Min.
	TION (Give kind of work	10h. KIND OF BUSINESS OR	111. BIRTHPLACE (State of	or (oreign country)		CITIZEN OF WHAT
done during most of we	rking life, even if retired)	U. S. Navy	Philippine Is	lands		COUNTRY? US
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Loren	zo ADOLA		Ida MUNJE			
15. WAS DECRASED EVE (Yes, no or unknown)	er In U.S. Armed Forcest (If yes, give war, ordates of pervice)	16. SOCIAL SECURITY NO.	Daughter: Isab			
200			RTIFICATION Same a			1
I. DISEASES OR COM	NDITIONS DIRECTLY	LEADING TO DEATH	0	,	wal."	INTERVAL BETWEEN ONSET AND DEATE
- 5 A Q (a. 1) S		Chranic L.	lat-	D	7	12. H
Immediate	cause (a)	o some right	practice ces	Lemes		D.Monins
giving rise to	cause(s) orditions, if any, the above cause derlying cause last	Chronic Lyn	Portal		18 A 0 3 - 1 3 8 8 9 8 9 5 9 5 7 7 8 9 9 9 9 9 9 7	10 geals
,, ,	(e)		•			
	ANT CONDITIONS ing to the death but not or condition causing deati	h.				
19a. DATE OF OPER	ATION 19h. MAJOR F	INDINGS OF OPERATION				20. AUTOPSY?
						Yes 🕅 No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR	rown)	(COUNTY)	(STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	40.	
OF INJURY	m.	While at Not While Work At work			100	
		deceased from May 29	19 51 to May	30 19 51	at I last as	the deceased
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
alive onMay	7.30, 19.51 , and	that death occurred at	ADDRESS from the	causes and on	the date sta	ated above. DATE SIGNED
S. R. MILLS,			AL HOSPITAL, BET			31, 1951
23. BURIAL, CREMA REMOVAL (Specif BUILAL	June 5.	1951 Arlington	National	Arlington		
DATE REC'D BY L	OCAL REGISTRAR'S	SIGNATURA.	24. FUNERAL DIRECTO		-1 .	ADDRESS
May 31, 1951	Esth	protettingla	W. E. Jarvi		Street,	NW,
		0	Washington	Daca	1.03	2.011

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



STATE OF STA

1 1 2 1 270

CERTIFICATE OF DEATH

04965

1. PLACE OF DEATH	4.		2. USUAL RESIDENCE (HOME) OF DEC	EASED.
COUNTY	and same esta	MARYLAND	STATE		COUNTY
	orporate limits, write RUR		CITY (If outside company	ata Ilmita muita D	URAL and give nearest town)
OR give nearest	town)	(in this place)	II OR	1	ORAL and give nearest town)
TOWN			TOWN Was	nington	0.6.
HOSPITAL OR INSTITUTION OF	N S d Y U G U G B	General	ADDRESS 4715-0	(If rural, g	ive location)
STREET ADDRE	ss Bethesd	a MD.	ADDRESS 5059	2 argen	+ 15d. n. E.
3. NAME OF	(First)	(Middle)	(Last)	14. DATE	(Month) (Day) (Year)
DECEASED	670C		Allen	OF	F 10 -1
(Type or Print) 5. SEX) 6. COLOR OR RACE	7. SINGLE, MARRIED.	1 8. DATE OF BIRTH	DEATH	day If under 1 year If under 24 hrs.
F	S. COLOR OIL MILOL	WIDOWED, DIVORGED,	7 - h 1/2 . GGZ	F 67	Months Days Hours Min.
IA- HOUAT OCCUP	ATION (Give kind of work	(Specify) 10b. Kind of Business on	760, 4, 1873		ym. () ()
done during most of w	vorking life, even if retired)	INDUSTRY	11. BIRTHPLACE (State of	or toreign country)	12. CITIZEN OF WHAT
	tousewile		Paullalo	11.4.	COUNTRY? U.S.
13. FATHER'S NAM	Œ	,	14. MOTHER'S MAIDEN	NAME /	
toho	Washiews	ki	Joseph	ine	
	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	-
(Yes, no, or unknown)	(If yes, give war or dates service)	or	Mrs Jeresa O'	Den - 505	9 Jargent Rd. N.E.
		18. MEDICAL CE		Oca.	7-
					INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		0	ONSET AND DEATH
		and was Vacas	0. 0.	7	36.
Immediat	e cause (a)	Service I work	a Cocour	4	SAUL
1120 D Anteceder	nt cause(s)	11/	C+ 0-	+ 11 1	10
Diseases or	conditions, if any, (b)	Myperlessione	Urlerionchro	ic Harl	U 60002 10 MAD
	o the above cause underlying cause last	2/1			
19ch straing the	(a)	1070	(10	0-01	1.5 2812
II OTHER SIGNIFI	CANT CONDITIONS	C W Was welling	ses gener	ornixa_	3 4/1
Conditions contribu	ting to the death but not				
	se or condition causing deal				
19a. DATE OF OPE	RATION 196 MAJOR	FINDINGS OF OPERATION			20. AUTOPSYT
					Yes No D
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 7	rown)	(COUNTY) (STATE)
HOMICIDE	INI	URY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CURT	
OF INJURY	m.	While at Not While Work			
			-		
22 I hereby cert	ify that I attended th	e deceased from 11-14-5	10 19 to 5-13	195/ t	hat I last saw the deceased
r.	The second second		1115		
alive on O	5 5/ , 19, ar	nd that death occurred at	2.17.0. A.m., from the	causes and on	the date stated above.
SIGNATURE	1	(Degree or sitie)	ADDRESS		DATE SIGNED
		9 (150 H-Olm	10 19 - 12	11- 1	CH '20 1001 "1'00
	1 moure	+ Volument	N SOD PRI	Mermul	21. M. Wash DC
23 BURIAL CREM REMOVAL (Spec	dfur) -	1 1 0	A a	OCATION (City,	town, or county) (State)
ItEMOTALI (Spec	5-14	to 1 Stemo	od Cem.	Washer	iation, D.C.
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	R,	ADDRESS
REG. 5-14-	5) Bersie	m. Hombron	Minothy 4	lanton	641 M.ST. KE

VED FOR BINDING

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



CERTIFICATE OF DEATH

I. PLACE OF DEATH	4.		2. USUAL RESIDENCE (HOME) OF DECEASED.	MTV
Mon	tgomery	MARYLAND	Maryland		mery
CITY (If outside co	orporate limits, write RUR	AL and LENGTH OF STAY (in this place)	OP.	ate limits, write RURAL and	give nearest town)
OR glva nearest TOWN Be the	sda	(III billis pisco)	TOWN Silver		
HOSPITAL OR INSTITUTION OF	3 ,"		STREET	(If rural, give location)
STREET ADDRES	S Suburban Hos	pital	9610	Sutherland Road	
3. NAME OF	(First)	(Middle)	(Lest)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	James	0.	Baker	OF DEATH May	30 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last birthday If un	der 1 year If under 24 hrs
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOOWED	Jan. 2, 1864	87 yrs. Mon	the Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of w	orking life, even if retired) Grocer, retire	INDUSTRY	Trenton, Miss	souri	COUNTRY?
13. FATHER'S NAM	E		Trenton. Miss	NAME	
Christian E	Baker		unknown		
15. WAS DECRASED EN	VER IN U.S. ARMED FORCES	? I6. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates service)	none	Mrs. Gertrude 1	L. Miller, 9610	Sutherland Rd
		18. MEDICAL CE		Silver Spri	ng Md
I DIGELERS OF CO	MIDITIONS DIDECTIV			ozzioż opis	INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OF CO	C C	LEADING TO DEATH COLLS	apse from shock	of surgery and	ONSST AND DEATH
Immediate	a conce (a).C.	xtensive bleeding			30 min.
	H	emorrhage from rup		lesser gummetu	ma .
	(cause(s)		cured ar sery or	1000cl Curvacu	3 hrs.
/ giving rise to	the above seven	f stomach ongestive heart fa	Store oreda	abassad a	
124 10 stating the u		ouseporte nearc 19	TITUTE BLAGE 2	- enronie	4 yrs.
II OTHER SIGNIFI	(c)	Decument duadanal	wleans (and he	-24	1
Conditions contribu	iting to the death but not	Recurrent duodenal	l ulcers (one he of liver (laenna		unknown
related to the disease	ATION 19h MAIOR	FINDINGS OF OPERATION	or tract /recimie	<u>C)</u>	20. AUTOPSY?
May 30, 195]		CE (Home, farm, factory, street,	: (CITY OR	TOWN) (COUN	Yes Y No TY) (STATE)
SUICIDE	OF	office bldg., etc.)	(0111 011	(COOK	(SIAIE)
HOMICIDE (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CHP?	
OF		While at Not While	Now Did involve oc	0010	
INJURY	m.	Work At work			
22 I horoby corti	ify that I attended th	e deceased from Oct 15	1947 to MAY	30 1951 that I las	t saw the deceased
alive on	4 30 , 195 1 , ar	d that death occurred at	.33 P.m., from the	causes and on the date	stated above.
SIGNATURE	10 . 11	(Degree or title)	ADDRESS	- C - Con	DATE SIGNED
T. marshal	(Currllier	J. mw. 8648	TEORGIA M	NE. SILVER SPRING	1951
23. BURIAL, CREM	ATION DATE THERE	OF I NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or c	
rans. & Buris		Green Mounta		Boulder County	
DATE REC'D BY			24. FUNERAL DIRECTO		ADDRESS
DEC / 1	l h	· ·	th. 19	, 8434 Ga. Ave	
	- I ville	m- thompson	Charles to marker		
		V		Silver Spring	s, mary and

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The

BUREAU V. S.

stombled gray a section

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH. 2. USHAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Montgome ry Maryland Montgomery MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town)
TOWN Chevy Chase (in this place) Chevy Chase TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS 4910 Saratoga Ave. 4910 Saratoga Ave. STREET ADDRESS 3. NAME OF (First) (Middle) 4. DATE (Month) (Last) (Day) (Year) DECEASED William 14 (Type or Print) Harold Bayne DEATH Mav 1951 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. 5. SEX Months | Days | Hours | Min. Sept. 22, 1897 54 11. BIRTHPLACE (State or foreign country) (Specify) Married White 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Salesman Delaware
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 27 Knott 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. 213-03-4909 Mrs. Mazel Bayne 4910 Saratoga Ave. Chevy Chase, INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH sudden (a) Coronary occlusion Immediate cause Antecedent cause(s) (b) Congestive heart failure Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last day (c) Coronary sclerosis Indefinite 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Hypotension related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No Ki PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Nov. 9 19.50, to May 14, 19.51, that I last saw the deceased alive on May 13, 1951, and that death occurred at 4:40 Pem., from the causes and on the date stated above. (Degree or title) SIGNATURE DATE SIGNED 4620 36th St. NW 23. BURIAL, CREMATION REMOVAL (Specify) Burial NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) May 16. Cedar 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Bessie M. Thompson Chevy Chase - 5101 Wis. Aven NW., DC

of information carefully. death clearly and legibly. FOR BINDING ly every item the causes of o Suppl Write RESERVED INK. PLAINLY, WITH UNFADING is especially important. Physicians: MARGIN

WRITE

PLEASE

1261 S.S.YAM

CERTIFICATE OF DEATH

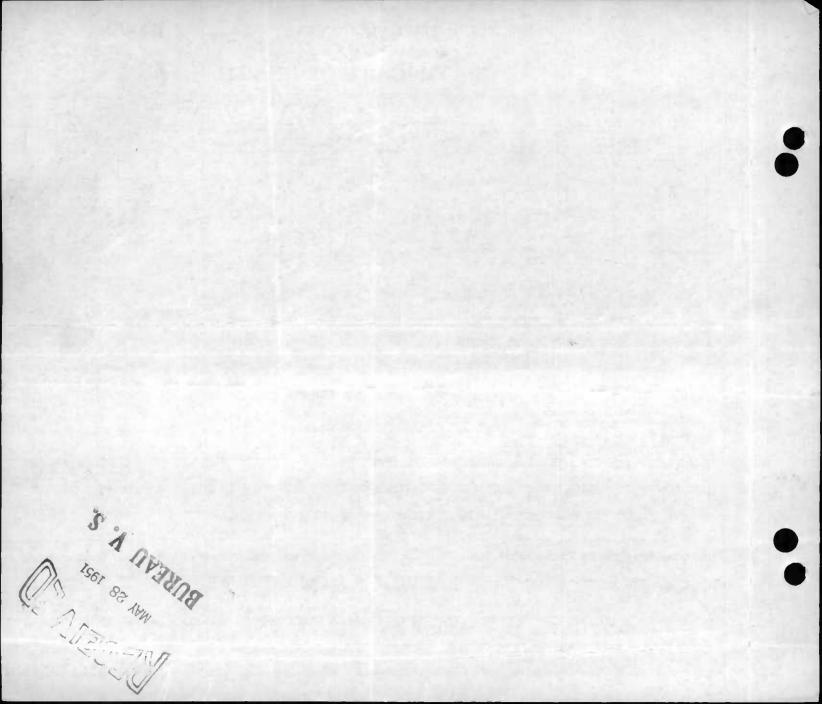
Reg. Dist. No. 218

04968

1. PLACE OF DEATH- COUNTY	MARYLAND	2. USUAL RESIDENCE (STATE Maryland		COUNTY	35
CITY (If outside corporate limits, write RURA		CITY (If outside corpor			
OR give nearest town). Town Germantown, Md.	(in this place)	OR	sville. Md		est town)
HOSPITAL OR		STREET	(If rural, give l		
INSTITUTION OR STREET ADDRESS Germantow	n. Md.	ADDRESS			
3. NAME OF (First)	(Middle)	(Last)		onth) (Day) (Year)
(Type or Print) Julia	Griffith B	ecraft	OF DEATH Ma	v 21	1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	at .	
Female White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) DIVORCED	7/29/1875	75 yrs.	Months. Days	
10m. USUAL OCCUPATION (Give kind of work	10b. Kind of Business or Industry	11. BIRTHPLACE (State	or foreign country)	12. CITI	ZEN OF WHAT
done during most of working life, even if retired) Domestic-own home	INDUSTRI	Montgomery,	Md.	Unit	ed Sts.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
George Fenton Snouffer		Mary Morga	n		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes, no, or unknown) (If year, give war or dates of	None		all Munce.	Vork	Pann
IVO Bervice)	T HONG	(HIB: Halbi	411 1101100	10111	
I. DISEASES OR CONDITIONS DIRECTLY I Immediate cause (a) /53 Antecedent cause(s) Diseases or conditions, if any, (b)	orcingua of trans	our clan Ege	nerdigidin		RVAL BETWEEN ET AND DEATH
# giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				**************************************	
related to the disease or condition causing death				l l	
19a. DATE OF OPERATION 19h. MAJOR F	INDINGS OF OPERATION			20. /	AUTOPSY?
				Yes	O No D
SUICIDE OF INJU		(CITY OR		COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the		1, 1951, to May			
alive on oy 1951, and SIGNATURE	d that death occurred at.4.	ADDRESS 7	causes and on the	date stated a	above. TE SIGNED
Lomes A. Per W	·K Ha	masero, Mu		5/2	1/57
Burial CREMATION DATE REMOVAL (Specify) Burial 5/23/57	NAME OF CEMETE		Laytonsvi	n, or county)	(State) Md
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		AD	DRESS
8 Ray 23, 1987 (chus	Sal & Groke		r, Layton		Md.
//					

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



CERTIFICATE OF DEATH

04969

290 656

eg. Dist. No.

	27051 271201	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND MARYLAND	STATE MO COUN	TY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	give nearest town)
OR give nearest town) (in this place)	TOWN	4
HOSPITAL OR	STREET All rural, give location	1, 0
STREET ADDRESS 4001- Cast West Acquire	ADDRESS 1	tide way
	7001- (an wen	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	((Day) (Year)
(Type or Print) + ANAAN PTA	DEATH/VOL	16 19)
6. COLOR/OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday of under	er I year If under 24 hr
Temale white (Specify) widow.	14/23/1865 86 yrs. Month	B Days Hours Min.
ea. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		12. CITIZEN OF WHAT
done during most of working life even if retired) singularity supplied	Kharid tolered noh	COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4 2 4
Here Unes	Nester Mehh.	
5. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	LIT. INFORMANT A	CA D.
Yes, no, or unknown) (If yes, give war or dates of	Mar Make De Sipple	1 1 - 17
service	your reares as quice	exally her
18. MEDICAL CE	RTIFICATION	T
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Parl - man	1.0. 1. D. D.	
Immediate cause (a)		
314.	00	1/0.
Antecedent cause(s) Diseases or conditions, if any, (b)	Kersele si	may.
giving rise to the above cause	Newson 100000000 man to 1 20000 man	
3 cu stating the underlying cause last	7	
(c) fluit	<u>~</u>	
I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not		
related to the disease or condition causing death.		
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
home none		Yes No No
1. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT)	
SUICIDE HOMICIDE OF office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	ALO DID ALIBORE OCCUPA	
INJURY m. Work At work	1	
22. I hereby certify that I attended the deceased from May	6 10 5 to Man (610 5 / short I love	nom the Jacob 3
22. I hereby certify that I attended the deceased from	z, 1522., to, that I last	saw the deceased
alive on 195, and that death occurred at	m., from the causes and on the date	stated above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
10	7.00 St 11.(2)	
Came cook. 18	110 zye 1000.	
BURIAL, OF MATION DATE THEREOF NAME OF CEMETE		
BURIAL, OFFMATION DATE THEREOF NAME OF CEMETE	ratorium Washingto	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1/24. FUNERAL DIRECTOR	ADDRESS A
REG.	Jum Jee Jone (2)	24 U WW 100
ram 16 1931 Khanses holler	WILL WILL STING UD 30	10-4 /11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



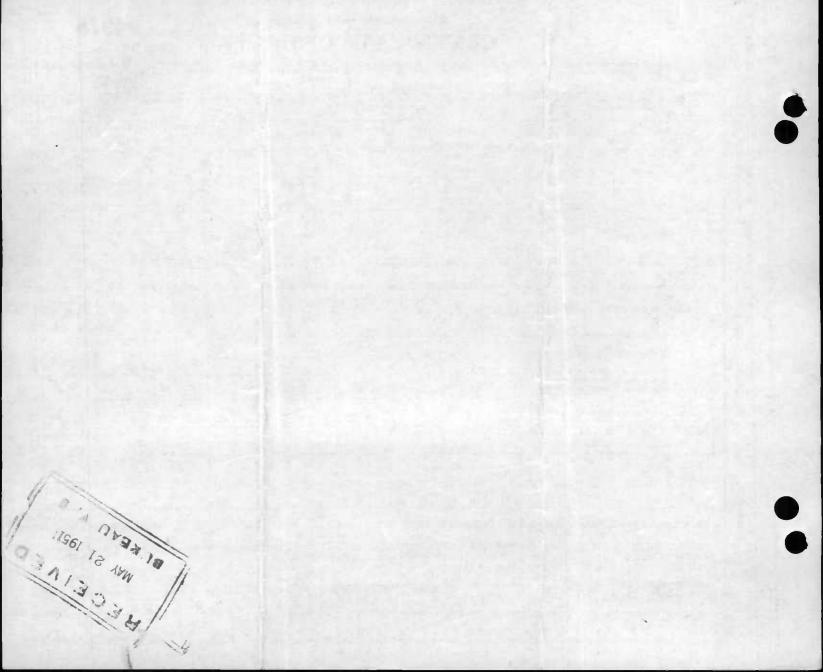
CERTIFICATE OF DEATH

(14971) Reg. Dist. No. 223

1. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (HOISTATE Virginia	ME) OF DECEASED. COUN	TY
CITY (If outside composate limits, write RURAL a OR give nearest town) TOWN I GROME Park, Md.		CITY (II outside corporate OR TOWN Arlington	limits, write RURAL and	give nearest town)
HOCDITAL OR	itarium and Hospital	STREET ADDRESS 5/1/ No	(If rural, give location) . 10th. St.	V
3. NAME OF (First) DECEASED	Spalding		DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX 6. COLOH OR RACE 7. S. W.	SINGLE, MARRIED.	8. DATE OF BIRTH 9.	AGE last birthday If und	ler 1 year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) IN	(Specify) Single b. Kind of Business or TOUSTRY	11. BIRTHPLACE (State or fo	6 % yrs.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.		U.S.
(Yes, no, or unknown) { (If year, give war or dates of	6. SOCIAL SECURITY No.	17. INFORMANT AND AL		
no aervice)		patient		
I. DISEASES OR CONDITIONS DIRECTLY LEA Immediate cause (a)	DING TO DEATH	rtification Occlus	wan	INTERVAL BETWEEN ONSET AND DEATH
420 / Antecedent cause(s)	wester Su	- Heart	Disease	5-450
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	chippine at	twoselinosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	nobit	and hel	encholia	6 miles
19a. DATE OF OPERATION 19b. MAJOR FINE	DINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, fice bldg., etc.)	(CITY OR TOV	VN) (COUNT	Yes No AY) (STATE)
TIME (Month) (Day) (Year) (Hour) IN-	JURY OCCURRED ile at Not While ork	HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended the de	- //	1, 1951, to Iney 18		
alive on July 18, 195, and the	nat death occurred at!	ADDRESS from the ca	uses and on the date	stated above. DATE SIGNED
CK. Hiderson	MD.	Washington for	utarin Tako	m Park 5.183;
23 BURIAD CREMATION DATE REMOVAL (Specify) 5-31-193	5/ Cake Hill	Emelery U	ATION (City, town, or cou	D. G. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGN	n Widd -	FUNERAL DERECTOR	ris Dous les	DDRESS D.C.
)	390	916

he correct age M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dist No. 211

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Montgomery Maryland	STATE Maryland Montg	omerv
OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this Disco	CITY (If outside corporate limits, write RURAL and give	re nearest town)
TOWN Near Damascus	Town Near Damascus (Purd	um)
HOSPITAL OR INSTITUTION OR D	STREET (If rural, give location)	
STREET ADDRESS R. F. D. Monrovia,	R.F.D. Monrovia,	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Lula Blanche Brown	(Last) 4. DATE (Month) OF DEATH May 1	7, 1951
5. SEX Female White Female F. COLOR OR RACE WIDOWED DIVORCED (Specify) WILDOWED	8. DATE OF BIRTH 9/ 9. AGE last birthday If under	1 year If under 24 hrs. Days Hours Min.
10a. USUAL SCCUPATION (Give kind of work 10b. Kind of Business of done during short of working and very seem if retired) INDUSTRY	11. MRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	MOTHERS MAIDEN NAME	WSA
William Poole	Evelyne Burolette	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS	Via MI
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorri	nage	8 days
Antecedent cause(s) Cardio-vascular	-renal disease with	Sum turning
16/2/	-Leugr disease arou	25
Diseases or conditions, if any, (b)Hypertension So stating the underlying cause last		15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma -	right breast. (?)	3 years ?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	No operation	Yes No No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While NJURY m.	HOW DID INJURY OCCUR?	
	51 May 17. 51	
22. I hereby certify that I attended the deceased from May 10		
slive on May 17, 1951, and that death occurred at 1. (Degree or title)	1:45 Pm., from the causes and on the date standarders.	ated above. DATE SIGNED
7 milendres dayer 4,7.	Damascus, Maryland	May 18. 19:
	RY OR CREMATORY DICATION (City, town, or count	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. May 20, 1951	22) FUNERAL DIRECTOR	ADDRESS
The state of the s	and in isomer often	Name



8.66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

04972

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.	0
1. PLACE OF DEATH- COUNTY 7/1.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Y / /
CITY (If outside cerporate limits, write RURAL and) LENGTH OF STAY	Mongomery Wary	400.
OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and vivors TOWN Chevi Chase	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 102 E 45T Under v	rood.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) John Henry 13	SUR 9855 DEATH May	24 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last hirthday If white Months Wov. 21, 1872 78 yrs.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or dene during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Stock Braker - Portietor KETIVED.	Elizabeth City N.C.	4.5
13. FATHER'S NAME JOHN HENRY BURGESS	14. MOTHER'S MAIDEN NAME Martha Kebecca New	hold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
No laervice) No NE	Newbold Burgess	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Congestive He	sep Faelure	1/2440
50.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	arteriosselerosis	20 40 915
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Homo, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1946 to 5-27 1917 that I last s	aw the deceased
alive on, 19.1./, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Febert B. Tude W.D. 39	900 military rd. May	124,195,
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) MAY 24.1951 LOYVAINE	RY OR CREMATORY LOCATION (City, town, or coupled to the coupled to	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24) FUNERAL DIRECTOR	ADDRESS O
Jojoi IVW. N-Cull	John V. Milchell Forms 1900	CULLAUF II
23	2	10726

VS A15

Item	7	on	0						BEAT
ILM No.	(2	1	3	3	MAY	2	1	1951

RYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04973

CERTIFICATE OF DEATH

			2	16	
60.	Dist.	No.	0	16	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Mantgamery	State Maryland County Montgomery		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Suburban Hospital	Street No. 104 Northwood Ave		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Wishart lalieferro Burrou	ohs		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Divorced	20. DATE OF DEATH 10 2000 1957 2: 40Pm		
	DATE OF BENTHAMAN AND AND AND AND AND AND AND AND AND A		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of years	and that I last saw h. A. Malire on 7 19 7		
deceased (mo., day, yr.) Oct 6 1890 89			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
6/hrsmin.			
s. Birthplace Washington D.C.	Bue to Appellension 2		
Town, county, and state)	arternalerous 2:		
10. Usuat occupation Guide - Masonie lemple	Doe to.		
11. Industry or business	33/X		
12. Name William Burroughs	Other conditions 52		
¥ 13. Birthplace			
# 14. Malden name Taliaferro	(Include pregnancy within 3 months of death)		
1 0	Major findings of operations		
16. Informant Hospital Records	Autopsy results.		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial, cremation, or removal. Which?) Burial, cremation, or removal. Which?) Charles a second control of the control of	22. VIOLENCE: If death was due to external causes, till in the following;		
17. Burial, cremation, or removal. Which?) Date thereof 5-14-51 (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory TOV Lines	Where did injury occur?		
Location Pr. Deorges Co ms.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director The S. H. Herries Co.	Means of Injury Injured at work?		
Address 2901 14th 5 N.W. Wash D. C.	1 00 0 6 0 6		
	23. SIGNATURE M. D. or other		
19. 5 - 2 19. 5 Blasie M. Shanfason (Date rec'd by registrar)	bluer thung Ind 15 mm 20		
Negistrat	Address Date signed &		



MARYLAND STATE DEPARTMENT OF HEALTH

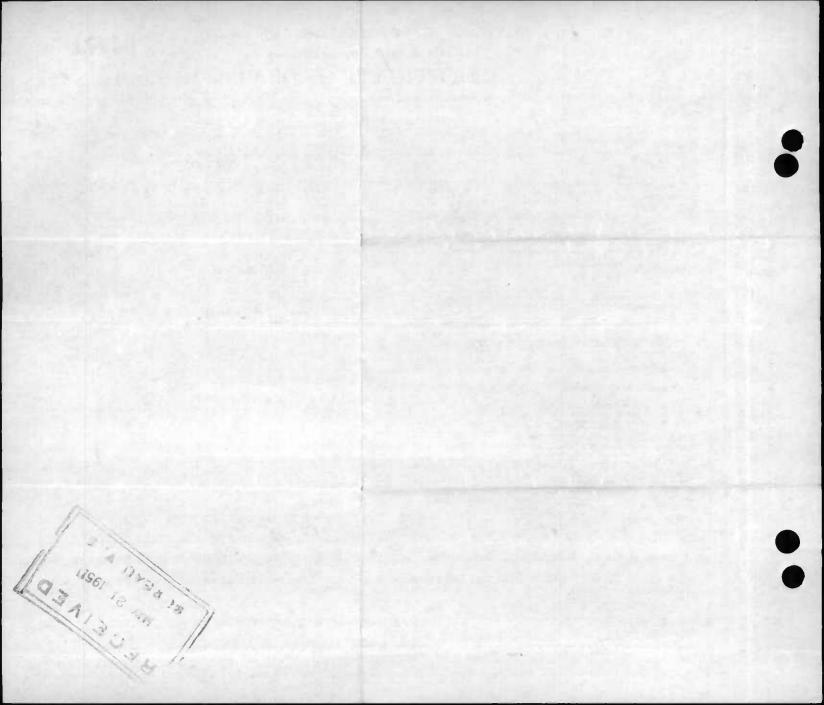
2411 N. Charles Street, Baltimore

treet, Baltimore 04974

CERTIFICATE OF DEATH

g. Dist. No. 218

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED				
county Montg, maryland	STATE Maryland COUNTY	Montg			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv				
OR give nearest town) TOWN Derwood Rural loweeks	TOWN Gaithersburg				
HOSPITAL OR	STREET (II rural, give location)				
INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED Felicia Girtrude	(Last) 4. DATE (Month) OF Morr	(Day) (Year)			
(Type or Print)	DEATH May	18/51 19			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under				
Female White WIDOWED, DIVORCED, (Specity) Single	June 22/1882 68 yrs. 1 10 1	Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT			
House Keeper	paso, fraction oo, ma,	JA C			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Thaddius T. Bussard	Ann Precilla Murphy				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS				
(1 es, no, or unknown) (11 year, give war or dates of service)	Harry Bussard. Derwood, M	d.Rural.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RETIFICATION	INTERVAL BETWEEN ONSET AND DEATH			
nort look look	une Penaentie	119 GATE			
Immediate cause (a) Club plant full	wa Congrama	48 mores			
9020					
Antecedent cause(8)	& of benness	2 m			
Diseases or conditions, if any, (b) fill the first to the above cause stating the underlying cause last	of June C				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		gape distribution and ϕ is removed to detail and define dependency a state of an extension of the state of			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION /	1	20. AUTOPSY?			
3/1/31 Am staced my	cetru				
21./ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No K			
SUICIDE OF office hidg., etc.) HOMICIDE INJURY	(5534.2)	(
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID ANJURY OCCUPATION AND REL	m			
INJURY 7 10 3 173/ m. Work At work	The court of the				
22. I hereby certify that I attended the deceased from 2-5, 193/, to 5-18, 193/, that I last saw the deceased					
1= 2 = 111					
alive on 5 - 18 - 19 5 / and that death occurred at /2	32/ 1				
alive on	32/ 1				
alive on 5 18 , 19.5 , and that death occurred at /3 SIGNATURE (Degree or title)	A.m., from the causes and on the date sta	ited above.			
SIGNATURE (Degree or title)	ADDRESS And, Goutherstung	ated above. DATE SIGNED			
SIGNATURE (Degree or title)	ADDRESS ADD	ated above. DATE SIGNED			
23. BURIAL, CREMATION DATE REMOVED STORY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS ADD	tted above. DATE SIGNED			
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE 5/21/51 NAME OF CEMETER REMOVED 5/21/51 Mt Olivet,	ADDRESS ADDRESS ADDR	DATE SIGNED Md, ADDRESS			
23. BURIAL, CREMATION DATE REMOVES SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	ADDRESS ADDRESS ADDR	Md, ADDRESS hersburg			



The correct age

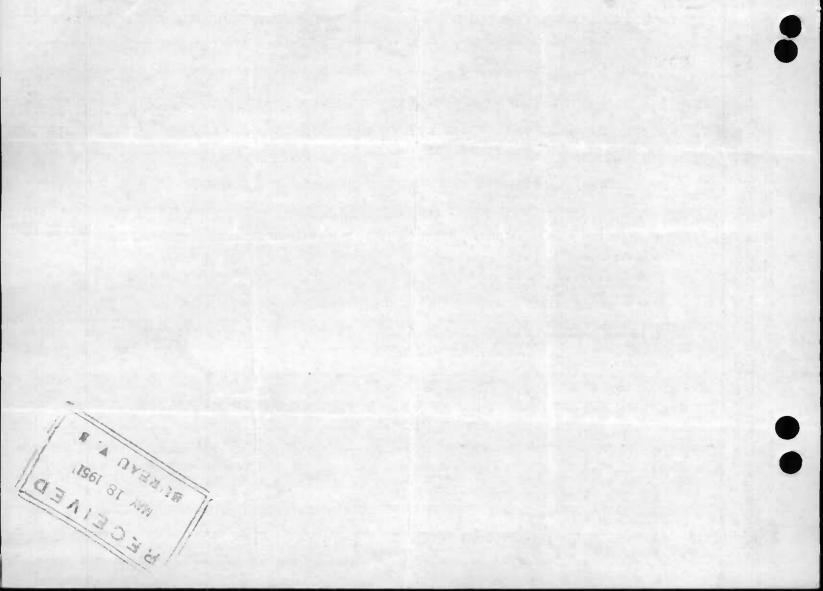
MARGIN RESERVED FOR BINDING

VS. A16

04975

Takoma Park 12, D.C.

correct	CERTIFICATE OF DEATH Reg. Dist.	No. 217
d legibly. The	1. PLACE OF DEATH- COUNTY NONT GOMERY CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN FORERVILLE HOSPITAL OR INSTITUTION OR STREET ADDRESS 1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND LENGTH OF STAY (in this place) LIFE TOWN SPENCERVILLE STREET ADDRESS 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY (If outside corporate limits, write RURAL and OR TOWN SPENCERVILLE STREET ADDRESS (If rural, give location)	/ ONT GOMERY.
Supply every item of information carefully. write the causes of death clearly and legibly.	3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) OF DECEASED (Type or Print) EDWARD HASLER (ARRIED, Type or Print) EDWARD HASLER (Month) OF ARRIED, WIDOWED DIVORCED, (Specify) POWED DIVORCED, (State or foreign country) INDUSTRY DAIRY OWNER (State or foreign country) MALEN POWED DIVORCED, (State or foreign country) MALEN POWED DIV	(Day) (Year) //, 195/. er l year If under 24 hrs. as Days Hours Min. 12. CITIZEN OF WHAT COUNTEY? US Q
UNFADING INK. Supply it. Physicians: please write t	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Chronic Deluction Project States or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 13 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	INTERVAL BETWEEN ONSET AND DEATE
AINLY, WITH UP	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCUR? OF While at Not While Work At work	
PLEASE WRITE PLAINLY, WITH U	22. I hereby certify that I attended the deceased from 19.5, to 19.5, that I last alive on 19.5, and that death occurred at 19.5, and the date SIGNATURE. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMOVAL (Specify) 24. FINE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FINE RAY DIRECTOR 24. FINE RAY DIRECTOR 25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMOVAL (Specify) 24. FINE RAY DIRECTOR 24. FINE RAY DIRECTOR 24. FINE RAY DIRECTOR 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMOVAL (Specify) 24. FINE RAY DIRECTOR 24. FINE RAY DIRECTOR 24. FINE RAY DIRECTOR 24. FINE RAY DIRECTOR 25. BURIAL CREMATION (City, town, or co REMATORY) 24. FINE RAY DIRECTOR 24. FINE RAY DIRECTOR 24. FINE RAY DIRECTOR 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMATORY) 24. FINE RAY DIRECTOR 25. FINE RAY DIRECTOR 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMATORY) 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMATORY) 25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMATORY) 26. BURIAL CREMATORY DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMATORY) 26. BURIAL CREMATOR DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co REMATORY) 26. BURIAL CREMATOR DATE THEREOF NAME OF CREMATORY LOCATION (City, town, or co REMATORY) 26. BURIAL CREMATOR DATE THEREOF NAME OF CREMATORY LOCATION (City, town, or co REMATORY) 26. BURIAL CREMATOR DATE THEREOF NAME OF CREMATORY LOCATION (City, town, or co REMATORY) 26. BURIAL CREMATOR DATE THEREOF NAME OF CREMATORY LOCATION (City, town, or co REMATORY) 26. BURIAL CREMATOR DATE THEREOF NAME OF CREMATORY LOCATION (City,	stated above. DATE SIGNED unty) (State)



CERTIFICATE OF DEATH

04976

Reg. Dist. No. 215

1. PLACE OF DEATH- COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY			
MO	ntgomery	MARYLAND AL and LENGTH OF STAY		ylvania Phi	ladelphia	
OR give nearest	orporate limits, write RUR.	(in this place)	OR m	orate limits, write RURAL a	nd give nearest town)	
TOWN B	ethesda, Rural	19 days		ladelphia		
HOSPITAL OR INSTITUTION OF		** ** 3	STREET ADDRESS	(If rural, give locati	on)	
STREET ADDRE	ss U. S. Naval	Hospital	Hote	el Sylvania		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month) (Day) (Year)	
(Type or Print)	Mary	Elwell	CONDIT	OF DEATH MAY	28. 19 5	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday If	under 1 year If under 24 hrs	
Female	White	(Specify) Widowed	Unknown	Approx 72 yrs. Me	onths Days Hours Min.	
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT	
done during most of w	vorking life, evon if retired)	INDUSTRY	Unknown		COUNTRY? US	
13. FATHER'S NAM	E		14. MOTHER'S MAIDE	N NAME		
Unkn	OUTS		Unkno	sm		
15 WAS DECRASED E	VER IN ILS ARNED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes, no, or unknown)	(If yes, give war or dates (service)	of l		state: Mildred	T. BROMLEY	
110	isos vicoj	18. MEDICAL CE			1. Ditolihor	
	NIDIONA DIDOMINI		020 1	alley Street,	INTERVAL BETWEEN	
I. DISEASES OR CO	ONDITIONS DIRECTLY		Maplewood	, New Jersey.	ONSET AND DEATE	
7		ulmonary Cd	lenear aci	Te	10 km	
Immediate	e cause (*)	7	/		***************************************	
	nt cause(s)	Ulmonary Ed			. 101.1	
Diseases or o	conditions, if any, (b)	winner out	may are	try Emassie	u 19 days	
O// stating the u	inderlying cause last			1		
1900	(c) O	misoardiale	Marctions			
II. OTHER SIGNIFI	CANT CONDITIONS					
related to the disea	se or condition causing deat	h.				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?	
					Yes No No	
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COU		
SUICIDE	OF INJ	office bldg., etc.)				
TIME (Month)		INJURY OCCURRED	HOW DID INJURY O	CCUR?	-	
OF INJURY	m.	While at Not While Work At work		* **		
1143 016 1	ELIG	WOLL ACTION		14		
22. I hereby certi	ify that I attended the	e deceased from May 9.	19.51 to May	28 19.51 that I l	ast saw the deceased	
					and the same of th	
	y28, 19.51, an	d that death occurred at	ADDRESS	e causes and on the da	te stated above.	
SIGNATURE	and the same of th	(Degree or title)	ADDRESS		DATE SIGNED	
AR J. MCCAR	THYZ LT, MC, U	SN U.S. NAVAL	HOSPITAL, BETH	ESDA. MD. Ma	y 29, 1951	
23. BURIAL, CREM	ATON I DATE THERE	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or		
Cremation Cremation	May 29.	1951 Cedar Hill	Crematory	Suitland, Mar	wland	
	LOCAL REGISTRAR'S	SIGNATURE .	24. FUNERAL DIRECT	OR Party Plan	ADDRESS	
May 29, 195		little -		ey Funeral Home	4 -4	
11dy 67, 177	T Carre	war anglow				
			WISCONSIN AV	e., Bethesda, M	lary Tallu	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

/S. A15

, 15 TEX MINERAL CONTROLL STATE OF THE S . Inervie welled off S. A DVANDA "

SELLE AM

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04977

100105

1. PLACE OF DEATH-	2. USUAL RESIDENCE (NOME) OF DECEASED.	, \
MARYLAND	Illundand m	. semanline
OR give nearest town) write RURAL and LENGTH OF STAY	OR CITY (Il outside corporate limits, write RURAL and giv	e nearest town)
TOWN De terda I the min	TOWN Delhanda	0
HOSPITAL OR INSTITUTION OR Subsuban Confident	STREET (If rural, give location)	
STREET ADDRESS	K-D#2	
3. NAME OF (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Lewel D.	CONNEY DEATH 3	/ 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under Months	l year If under 24 hrs. Days Hours Min.
W. WIDOWED, DIVORCED (Specify)	about 1883 67 yrs. 1810111111	Days Hours Min.
done during most of working life, even if retired) JADOYE OWN his OWN		CITIZEN OF WHAT
babores lown his own	IWIII amsport, Ma,	N. 2
13. FATHER'S NAME T	14. MOTHER'S MAIDEN NAME	
derry Conner	unknewn	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yea No, or unknown) (If yes, give war or dates of None	Hospt. Re ords	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Follow-	bosic aldominslaurta	40011
Immediate cause (a)	voice algoritations about	7 Cooky
Antecedent cause(s)		
Diseases or conditions, if any, (b)		00 00 00 00
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	~1 F1 1~1	
22. I hereby certify that I attended the deceased from 4-30	, 190, to, 191, that I last se	aw the deceased
alive on	12-01 9 m., from the causes and on the date str	stad abases
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(A. Gomez) M.D.	(, , , , , , , , , , , , , , , , , , ,	
oujoning M.D.	Sut Mr ban Hos/sital	5-1-5-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
	apel Cem. Potomac, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR	ADDRESS
0-1-51 Bessel M. Thompson.	Woold y. thomphren Bethes	da.Md.



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

04978

Reg. Dist. No. 214

1. PLACE OF DEATH			2. USUAL RESIDENCE (H		sed. Montgotter	v
COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY			CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give searest town (in this place) TOWN Silver Spring			OR TOWN Silver		CAL SUG ELVE HEE	rest town)
HOSPITAL OR INSTITUTION OF	I Shilling		STREET	(If rural, give	location)	
INSTITUTION OF STREET ADDRESS	ss 8327 16th S	St.	ADDRESS 8327 1	6th St.		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE ()	Month) (Da	ay) (Year)
(Type or Print)	Frances	Cohea	Daly	DEATH	May 5	1951
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTICA	Aug. 17, 1899	9. AGE last birthda	Months Day	r If under 24 hrs. Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	foreign country)	12. Cm	TIZEN OF WHAT
Housewii	orking life, even If retired)	Own home	Peoria, Illino	is	Coun	USA
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN			
Alfred J.			Nettie H. Hi			
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates service)	of 220-28-5062	Col. James E.	Dalor	7 16th St	
no	(BCI VICC)	18. MEDICAL CE		Sil.	ver Sprin	g, Ma.
T DIGELORG OD CO	NDITIONS DIRECTLY					TERVAL BETWEEN
I. DISEASES OR CO	MDITIONS DIRECTLY	LEADING TO DEATH			UN	SET AND DEATH
Immediate	e cause (a)_M	yocardial infar	ct, anterior	portion	of	
10-	i	ntraventricular	septum			
	onditions, if any, (b)	rteriosclerotic	coronary occ	lusion of	C	
giving rise to	the above cause anderlying cause last	nterior descend	ling branch of	left co	ronary	10 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Jotem Meneral ena d		rtery.				
II. OTHER SIGNIFI	CANT CONDITIONS					
	ting to the death but not se or condition causing dea	th. none				
		FINDINGS OF OPERATION			20.	AUTOPSY?
					Y	os No D
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN)	(COUNTY)	(STATE)
SUICIDE HOMICIDE	INJ	office bldg., etc.) URY				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?		
INTIRY	m,	Work At work				
	Staff Walter	e deceased from Feb	1057 . 15 4	10 5 7 11	Thay	
					A	
alive on Mar	y 4 19/51 ar	d that death occurred at	12:15A m. from the	causes and on the	he date stated	ahove.
SIGNATURE		(Degree or title)	ADDRESS	. ^	, / D.	ATE SIGNED
/emon	M. Smille	Casome	Walker Kees	Urmy	Nosp.	7 mays1
23. BURIAL, CREM. REMOVAL (Spec	ATTON DATE THERE			OCATION City, to		(State)
Burial	1 5/8/51	Arlington Na	tional Cemetery	Arlington		Va.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	YA. FUNERAL DIRECTO	131 Co A		DDRESS
5/8/51	Man	ces Voller	Wanner to Jumphy 8	4)4 U8. AV	s. Silver	Shiring,
			/ (1		Marvla	100

Montgomery County Coroner notified and approved.



04979

CERTIFICATE OF DEATH

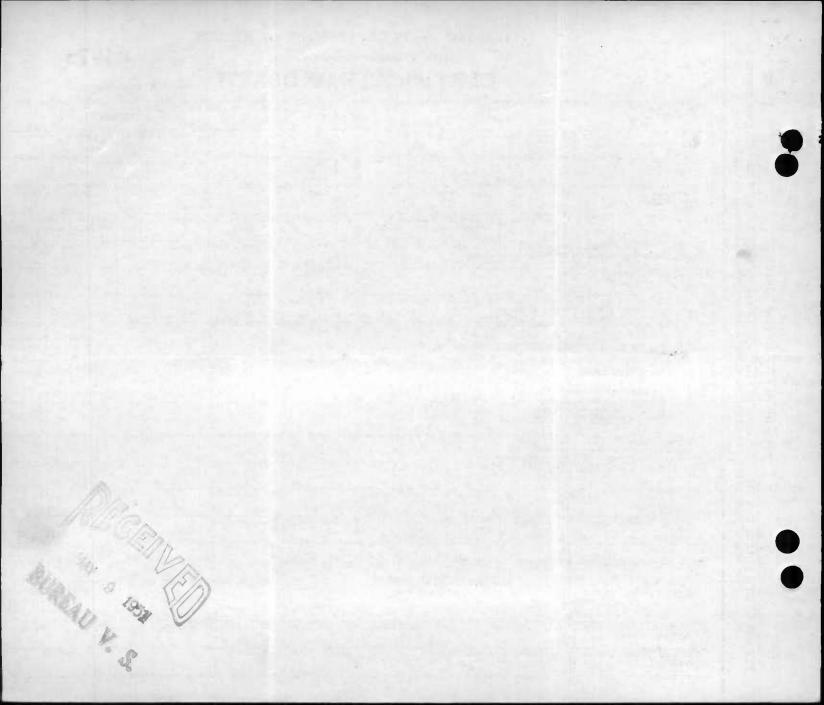
Reg. Dist. No. 223

					•	
I. PLACE OF DEATI	· ·		2. USUAL RESIDENCE (
COUNTY	Lamery	MARYLAND	STATE The COUNTY Thank.			
CITY (If outside co	orsprate limits, write RUR.		CITY (If outside corpor	ate limits, write RURA	L and give nearest town)	
OR give nearest/town) (// (in this place)			OR OR	koma (Par	. /2	
HOSPITAL OR	ma Jam	23 years	STREET	(If rural, give lo		
INSTITUTION OF	R 2.0 U.	1 6000	ADDRESS 210	(/ 1 /	Quenue	
STREET ADDRES		L arenn	11 3/8	/		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mo	onth) (Day) (Year)	
(Type or Print)	CORA	RICHEY	DAY	DEATH MA	14 8 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last hirthday	If under I year If under 24 hr	
Female	white	(Specify) DIVORCED,	nov. 29, 1868	82 yrs.	Months Days Hours Min.	
100 LISTIAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (State		12. CITIZEN OF WHAT	
done dufing most of w	grking life, evon if retired)	INDUSTRY	0	o. Carolina	COUNTRY?	
13. FATHER'S NAM	Rec .	al some	14. MOTHER'S MAIDEN		USA	
13. FATHERS NAM	P. 1		n 10	(,) [
John o	Kerrey		· · · · · · · · · · · · · · · · · · ·	ne Jarker		
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.		ADDRESS		
(1 de, not of unknown)	service)		Mary D. Satter	un, 318 Har	land are. Jak. Pr. Rd	
		IS. MEDICAL CE	RTIFICATION			
T DIGELONG OR CO	NIDIMIONE DIBECTIV	TEADING TO DEATH			INTERVAL BETWEEN	
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	1-1-1-0	,	ONSET AND DEATH	
V 39-4		(overtal	Mormo	0011	12 hrs.	
Immediate	e cause (*)		1			
ラックV Anteceder	nt cause(s)	1) 22 - 7			1 1 1 1/2.	
Diseases or	conditions, if any, (b)	J WUNDAN	1000		1470	
giving rise to	the above cause inderlying cause last	n -to	~ 0	,	and a	
و ما الما الما الما الما الما الما الما	(c)	1/v-1001	201XOSOK	210	110'Ws.	
II OTHER SIGNIFI	CANT CONDITIONS	001 425-	VYIOC COLUIN	V		
Conditions contribu	iting to the death hut not					
	se or condition causing deat	INDINGS OF OPERATION			20. AUTOPSY?	
198. DATE OF OPE.	KATION 198. MAJOR I	INDINGS OF OPERATION			20. AUIOFSII	
					Yes 🛭 No 🖂	
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (C	OUNTY) (STATE)	
HOMICIDE	TÚI I	JRY				
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR		
OF INJURY	m.	While at Not While Work At work				
		1-14	115 1	· ct -1		
22. I hereby certi	ify that I attended the	e deceased from	, 1990, to N/D	X, 19.5 /, that	I last saw the deceased	
. 1	6.1		145 A			
alive on	a.y/, 19.50./., an	d that death occurred at	ADDRESS from the	causes and on the	date stated above.	
SIGNATURE	45001	(Degree or title)	ADDRESS	10	DATE SIGNED	
//11	VIVIA	000/11/15	XXX PLA	trong Mil	d. 5/4/51	
- 1/1	ATION DATE THERE	OF CHANGE OF CONTINUE	RY OR CREMATORY	LOCATION (City, town		
23. BURIAL, CREM REMOVAL (Spec		100 1111-	1	1/ _ 1	711	
+surepl	May		gton Cameley 1.	Hyalloville	inc.	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE/	24. FUNERAL DIRECTO	DR/	ADDRESS	
REG. 5-8-	81 17/1	VYSIB WOOD	S. arthur Ja	lus, 254 Carro	rel St. AW	
			71	- 1	0100	
				- John	ne Jack. D.C.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

7S. A15-



The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is expecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04980

eg. Dist. No. 2-13

5102-16

I. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-	Y March
CITY (If outside rorporar limits, write RVRAL and LENGTH OF STAY OR give nearest town TOWN (in this place)	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / 4 Factor &	STREET (If rural, give location) ADDRESS / 4 Paralle St	
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Irover Cleveland	DEATH May	10 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, ARRESD. WHOWED, (Specify)	8. DATE of BIRTH 9. AGE last birthday If under Months	Days If under 24 hrs Hours Min.
done during most of working life, even if retired) INDUSTRY CARPENTE		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	(/ 1 ~ /
GEORGE E. DAY	SARAH H. PENN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Security No. (Security No. 1) (If yes, give war or dates of Security No. 1)	JOHN T. DAY	
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (8) Cerebral	Lemma Las.	20
Immediate cause (8)		D.
Antecedent cause(s) Diseases or conditions, if any, (b)		alled in
giving rise to the above cause stating the underlying cause last		- Grad.
(c)		
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing desth.	Catolian	3 whe
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🖸
21. EXTERNAL CAUSE WAS PRIMARY Gor CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY occurrence of the control of the	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decfrom: natural causes X, accident , suicide , homicide , SIGNATURE (Degree or title)	eased died on the day stated above, and death in my	from the evidence opinion resulted
Control (tree)	U ne	Dail BidgeD
Trank 1. Drosehack M. U.	· Vaithership md	5-10.51
23. BURTAL Chemation Date thereof NAME OF CEMETI REMUTAL Specify May 12,1951 Provide	75	Md. (State)
REG. PLOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS OF S

MARYLAND STATE DEPARTMENT OF HEALTH

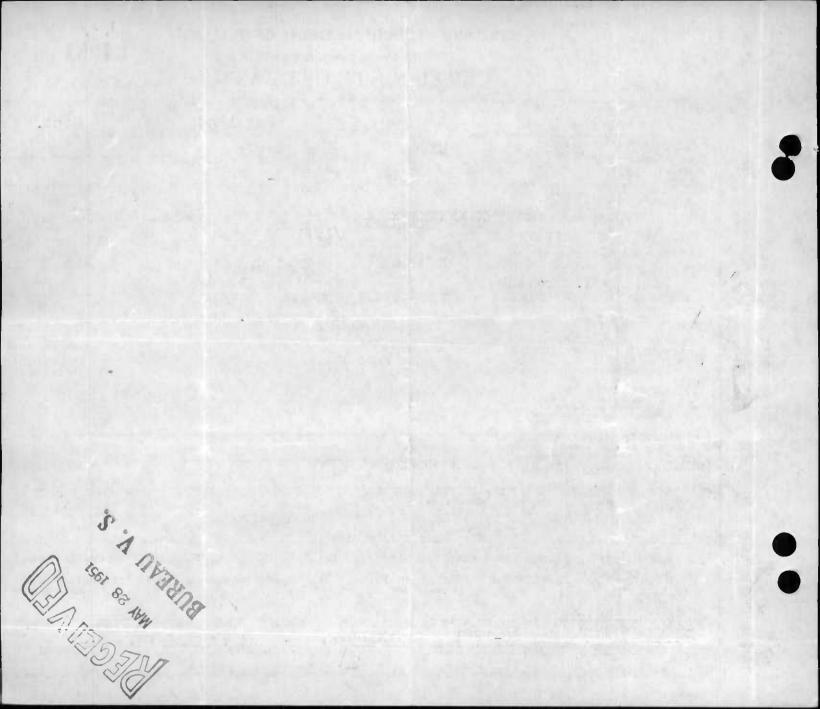
2411 N. Charles Street, Baltimore

04981

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (
mo Ho Cours LA	MARYLAND	STATE		mont.
CITY (If outside corporate limits, write RUR. OR give nearest town) BOYUS	AL and LENGTH OF STAY (in this place)	OR TOWN BOYGE	rate limits, write RURAL and g	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give location)	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) las reservet	A	Day	OF DEATH 197	23 1957
5. SEX 6. COLOR OR RACE	WIDOWED, ADVORCEDX	8. DATE OF BIRTH	9. AGE isst birthday If unde	r I year If under 24 hr
Female White	(Specify)	3/19/1863	88 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY HOME	Maryland	or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN		9.25
William J. Dronenb	urg	Margaret Rh		
15. Was Decrased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates of		17. INFORMANT AND	ADDRESS	
service)	No ne	Clarence D.	Day	
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	1		ONSET AND DEATH
	repelbal herry	magi -		actus.
Immediate cause (a)C	Marie James		7	0077
420, Antecedent cause(s)	ial arterial longs	on mycerty	al moulticilian	2 Mars
Diseases or conditions, if any, (b)	A			
93 atating the underlying cause last (c)	Semility -			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.			
19a. DATE OF OPERATION 19b. MAJOR H				20. AUTOPSY?
				Yes No FT
21. ACCIDENT (Specify) PLACE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	1.1	A in Ohr	24- 1-1	
22. I hereby certify that I attended the	e deceased from 71.40	3., 195./, to:///	43, 190, that I last	saw the deceased
alive or 1044 23 195 an	d that death occurred at	4 A m from the	course and on the date of	totod above
SIGNATURE / 1 ~ 1/	(Degree or title)	ADDRESS	causes and on the date s	DATE SIGNED
Hilliam O. Miller	4dl. 9-Brook	an, gans	hersbug Hy	5/23/37
23. BUBIAL CREMATION DATE THEREO May 25-		urg, Md.	Clerkebur . M.	-
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	OR O	ADDRESS
may 24, 1957 alma	14 Grate	1 Olog Eur (Sarber Laylone	velle mid
		Cha P	200	0
		tos	min X 0510	Vien -



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

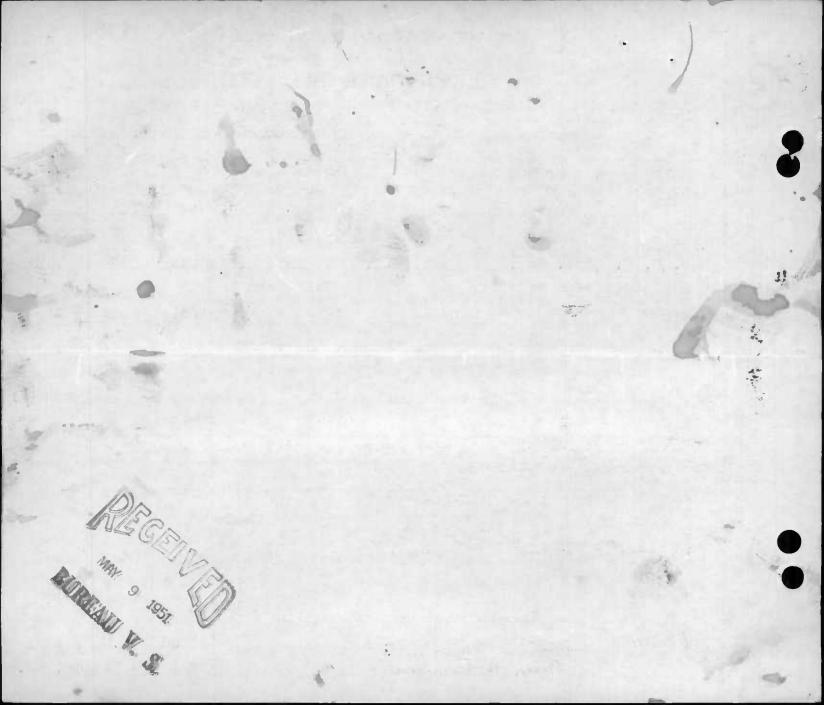
CEDTIFICATE OF DEATH

		CERTIFICAT	E OF DEA	Reg.	Dist. No
1. PLACE OF DEAT	н.	· ·	CUTT A PT TO	E (HOME) OF DECEASE	COUNTY NO.
COUNTY Mont	tgomery	MARYLAND	Mary		COUNTY Montgomer
	corporate limits, write RUR. it town) Bethesda	AL and LENGTH OF STAY (in this place)	OR TOWN Bethe	porate limits, write RURA	L and give nearest town)
TOWN HOSPITAL OR	Decliesda	1) 1105.	STREET	(If rural, give to	estion)
INSTITUTION O	OR 303 Wilson	Lane		Wilson Lane	
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
(Type or Print)	Sue	G.	Deane	OF DEATH Ma	y 2 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under I year If under 24 hr
Female	White	WIDOWED DIVORCED, (Specify) WI GOWED	9-11-1871	79 yrs.	Months Days Hours Min.
10a USHAT, OCCIII	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT
done during most of	working life, even if retired) GOVL EMD.	INDUSTRY Won Dont		. Kentucky	COUNTRY? US A
13. FATHER'S NAI	ME COVUS PHOS	War Dept.	14. MOTHER'S MAID	EN NAME	· OSA
	Clinton Griff	if th	Bell Weir		
IE WAS DECRASED I	EVER IN IIS ARMED FORCES	7 16 SOCIAL SECURITY NO.	17. INFORMANT AN		
(Yes, no or unknown) (If yes, give war or dates of service)	NT		R. Griffith-	same as Item 2
NO	(service)			to OTTITION	Same as rock a
		18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH		1960	ONSET AND DEATH
		Carana The	an hai	Anni	6 - 600
Immedia	te cause (a)	Cornary Th	UTRUUSA		
1501 Antondo	ent cause(s)	0 0 . 0	1.	1	
	conditions, if any, (b)	generalized.	arterio - 1	deros us	years
. giving rise	to the above cause underlying cause last				3
THO MEANING the					-
II OTHER SIGNIE	(e) FICANT CONDITIONS		· A		
Conditions contrib	buting to the death but not	. 00 TRO-DA18	izus and	compression	3+4re
	ease or condition causing deat ERATION 19b. MAJOR I	in.	eturn of in	ment make	1 20. AUTOPSYT
198. DATE OF OF	ERATION 150. MASON	INDINGS OF OTELERIZOR			
	·	CE (Wassa factors about	· (CITY O	R TOWN) (C	Yes No OUNTY) (STATE)
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITTO	it lown) (c	COUNTY (STATE)
HOMICIDE	INJU		:	*	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY	OCCORT	
INJURY	m.	Work At work			4
		i march	1050 ma	2 10 Cl 4b-4	T last 41 . 3 3
22. I hereby cer	tify that I attended the	e deceased from Mauch	, 19, to	M, 19.98.1, that	1 last saw the deceased
alive on Ac	27 1951 an	d that death occurred at	5- A m from	the causes and on the	date stated shove.
SIGNATURE	, 10, au	(Degree or title)	ADDRESS	one cares and on the	DATE SIGNED
	A A	4- 0	7 94 N/ 1	Wash. D.	C. Man 2-195
George	J. Mistian	J - 2526 (
23. BURIAL, CREA	MATION DATE THERE	OF NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
Cremation	ecify) 5-8-19 ⁴	Cedar Hil	1	Suitland	Maryland
DATE REC'D BY			24. FUNERAL DIREC	CTOR	ADDRESS
REG. 5/7/	51 Buis	m. Thompson	Coughto a.	Kumphrong	Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

абе

VS. A15



The correct age

MARGIN RESERVED FOR BINDING

04983

CERTIFICATE OF DEATH

FOR	MEDICAL E	EXAMINERS	Reg. Dist. N	0. 214
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Silver Spring 3 HOSPITAL OR	ARYLAND IGTH OF STAY In this place) YES	TOWN Silv	limits, write RURAL and g er Spring (If rural, give location)	Montg.
INSTITUTION OR STREET ADDRESS 1717 Dublin Dr. 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE WIDOWED, (Specify)	Sell MARRIED, DIVORCED, Married Se	(Last) Dick DATE OF BIRTH 9.	52 yrs.	Days Hours Min.
done during most of working life, even if retired) INDUSTRY . 13. FATHER'S NAME James Dick 15. Was Deceased Ever In U.S. Armed Forces? 16. Social (Yes, no, or unknown) I (II yes, give war or dates of	red 14. SECURITY No. 17.	Philadelphia, Mother's Mary E. INFORMANT	Pa. AME	2. CITIZEN OF WHAT COUNTRY! USA
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CERTIF DEATH	CICATION	. Dick, 1717 Do	SPTING BETWEEN ONSET AND DEATH
Antecedent cause(s)				death
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF				20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., e CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OF INJURY m. Work work	etc.)	(CITY OR TO		(STATE)
9-116-1	above, held an Autoral that said deceased, homicide , une or title)	died on the day stated of determined DDRESS	Inquiry thereon and bove, and death in my Md. ATION (City, town, or cour	DATE SIGNED
REMOVAL (Specify) // I	Arlington Nat	tional Cam. FUNERAL DIRECTOR	Arlington, I	ADDRESS
	V	arner E. Fumph	rey, Silver Spr	ing, Md.

PLEASE

FIGN No. G 132 MAY 17 1951 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04984

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Mirulgonicy	State Wachungton County 40. C.
City or town (If outside city or town limits, write RURAL and give nearest town)	4
How long in above place of death? 2 Plays	City or town
Hospital institution, or street address where death occurred:	Street No. 2407 Mention Dace, Will
How long in hospital or institution? 3 Days:	2.(a) If veteran, name war
3. (a) FULL NAME. Balante Done	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female While sengle	20. DATE DE DEATH. 5-11 19.51 at 930 A
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
6.(c) If alive, give age years	Sapt 1949 19 10 5 8 1951
7. Birth date of	and that I last saw h A alive on 5 - 9 195
deceased (mo., day, yr.) /2 - 18 - 5 7 8. AGE: / Years Months Days If less than one day	Immediair cause of death DURATION 24 mg
91 92 min.	my ocardial degeneration 24 mg
	Que to Mikel insufficing
9. Birthplace George Lawre Warken Jan Q.C.	Oue to find the same of the sa
10. Usual occupation American	Due fo.
11. Industry or business	928-
12. Name James Doublines Downey.	Other conditions Sexually
	(Include pregnancy within 3 months of death)
14. Malden name Catherine Quency to Non	me ex
5 15 Birtholace Que, and	Major findings of operations. Date of on.
Byla 44 Par 1 1 D. 11	Aotopsy results.
	PHYSICIAN: Please coderline the caose to which death should be charged statistically.
Address 2407 Auradellewage place Mico.	22. VIOLENCE: If death; was due to external causes, till in the tollowing;
17 Date thereof County County	Accident, suicide, or homicide
Cemetery or oremetery Haly Road	Where did injury occur?
location Wisc. ave. Wash. D.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Accepts. L. Bunch's Pengs.	Means of injury trijured at work?
	0 1100 0 mx
Address 3084 Ad, CA. M.W. Workington Ot	23. SIGNATURE South M. D. or other
19. 5 - 1 - 19. 5 Journal M. J. Registrar (Date ree'd by registrar) (Registrar)	Address 5 412 Cols. art N W Bate signed 5/11/58

Month of the Street of ingental H april E JUL 2013 5WG Jehanne Budget den 3 anxluse, arenegtin a.c. Haver waren Managerly. Comme decemen S'A DIVINA دورون دمه درا the M. Bundaly the Store of Berilie Pars

04985

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH. COUNTY Mont gomery MARYLAND	2. USUAL RESIDENCE (HOME) OF ECEASED. COUNTY MENT
CITY (II outside purporate thints, write RUHAL and LENGTH OF STAY OR Give named townships (in this place)	CITY (It outside) copyorate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Tilden Lane - Pl =5
3. NAME OF DECEASED (First). (Middle) (Type or Print) GEORGE EVERETT	Doying 4. DATE (Month) (Day) (Year) DOYING DEATH MAY 24, 195/
MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (11) IN ED	8. DATE OF BIRTH 9. AGE last hirthday if under I year Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	IL BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTEY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	11. INFORMANT AND ADDRESS
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
The state of the s	ONSET AND DEATS
Immediate cause (a)	Macings 6 mes.
1/2 X Infinediate cause	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
47d giving rise to the above cause tast	
(0)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	195, to Way 2 195/, that I last saw the deceased
7/4. 316	
alive on	
SIGNAPHEN (Degree or title)	AT RESS DATE SIGNED
Must I Laver My	I Mulling my way 2 x, 5%.
23. BURIAL, CREMATION DATE THEREOF ' NAME OF CEMETE	RY OR CREMAZORY LOCATION (City, town, or county) (State)
A REMOVAL (Specify)	III CREMATORY SUITLAND MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 CHNERAL DIRECTOR
REG. A LICAL REGISTRARS SIGNATURE	1756 PADDRESS HW
7/0//3 0/ 0/ 0-1 / 20 0/801	Warrish / Jamilles Mars - 1). C.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

e actrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

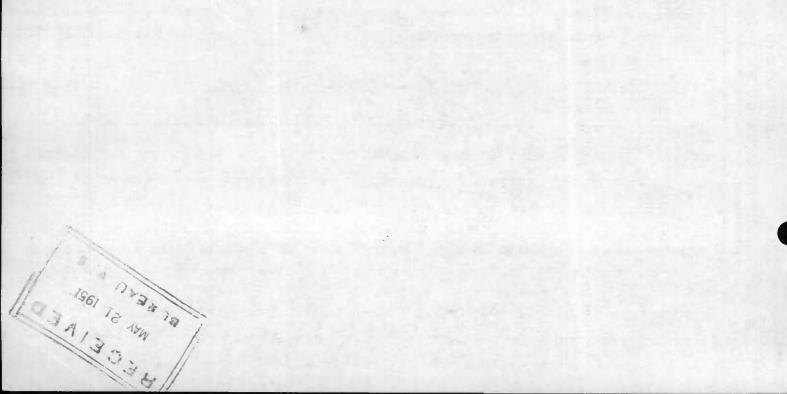
04986

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	7
1100TOROMER MARYLAND	D.C.	
OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN Takona Park 115 dans	TOWN Tulashi, tan D.C.	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS (4) ashing to anitarium	4401 Casse int foe. 11.6	v.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Margaret Hardwicke	Eacho OF DEATH Mass	17 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
Lemale White WIDOWED, DIVORCED, (Specify) July dow	3-18-78 73- yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	Richmond, Va-	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William James Mays	Many Walcong Handwicke	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of leervice)	Wishington San Records - Tayon	- Park Md
18. MEDICAL CE		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
James (a) Quaculor	h	Leumai
223 × Immediate cause (a)		
Antecedent cause(s)	Leworrhave	2 mos
56 Diseases or conditions, if any, (b) virtual (b)		
stating the underlying cause last	7	1. 4
(c) / draw o	nonmalignant (5/28/51	ako)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
4-25-57 Aubdural hems	whale + growth.	Yes 🗆 No 📝
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	F. Marin 51	War and the same of the same o
22. I hereby certify that I attended the deceased from.	, 195 1., to May 1.7, 19, that I last s	aw the deceased
alive on May 17 , 195/, and that death occurred at /	2:30 Pm from the saving and on the date at	atad ahama
signaturi (Degree or title)	ADDRESS	DATE SIGNED
SIGNATURE /	TI. 0 1 9.1	~ /
Tover astare, Mh.	Takoma Tark, Md.	3/17/51
Aut Dollarita, Ottobara	RY OR CREMATORY LOCATION (City, town, or coun	ty) / (State)
REMOVAL (Specify) 3/18/31 RIVERVI	ew (em TICHMOND	PA.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FENERAL DIRECTOR	ADDRESS, Joel
REG. 5-17-51 4 William NOON	The alf there's Co. 2901-14	That AR





VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

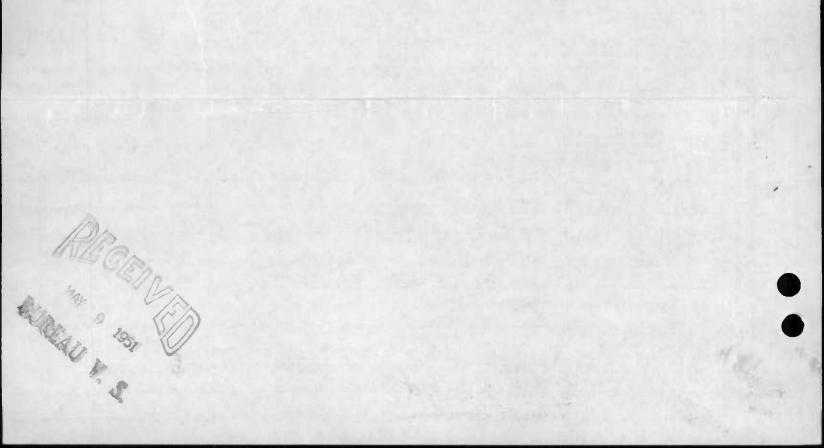
2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

04987

Reg. Dist. No. 216

CITY (If outside corporate limits, write RURAL and property of the property of	mo			STATE		TTN TFT SF
CITY (If outside corporate limits, write RURAL and (In this place) OR give nearest town) OR pethes da (In this place) OR give nearest town) OR pethes da (In this place) OR give nearest town) OR give	CITY (If outside	ntgomeru	MARYLAND	A A	CO	UNII
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL OR INSTITUTION OR STREET ADDRESS (See log 1 to ADTE (Month) SAME OF CAMBRIDGH CARRIED SAME OF PERTINDENCE OF STREET (MONTH) SAME OF STREET ADDRESS (SPEID) SAME OF SAME (MONTH) SAME OF STREET ADDRESS (SPEID) SAME OF SAME (MONTH) SAME OF SAME OF STREET (MONTH) SAME OF SAME OF SAME OF SAME OF STREET (MONTH) SAME OF SAME O		corporate limits, write RUR		CITY (If outside corpor	rate limits, write RURAL at	nd give nearest town)
HOSPITAL OR STREET ADDRESS STREET ADDRESS SUBJECT OF SUBJECT ADDRESS SU		Bethesdo		TOWN Wash	instea 1).C	
STREET ADDRESS JUDIE (First) (Middle) (Last) (Last) ADATE (Month) (Day) (Yes DECEASED (Type or Print) (Middle) (Last) (Middle) (Last) (Middle) (Last) (Middle) (Type or Print) (Middle) (Type or Print) (Middle) (Last) (Middle) (Last) (Middle) (Type or Print) (Middle) (Type or Print) (Type or Print) (Type	HOSPITAL OR			STREET	(If rural, give location	on)
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(Type or Print) Control Collog Race S. DEATH S. DECEMBER S. DECEM		(First)	(Middle)	(Last)		(Day) (Year)
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13. FATHER'S NAME Hiram Edwards 15. Was Decrased Ever In U.S. Armed Forcest (Yes, no, or unknown) (If yes, give war or dates of No. 10. Service) 16. Social Security No. 17. Informant and address (Yes, no, or unknown) (If yes, give war or dates of No. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Antecedent cause (a) Starks industrial Alemankage, massing 36 hours and dates of Starks industrial Alemankage, massing 18. Security of Starks in Interest of Starks in Inte			10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
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and the second second	22. I hereby cert	ify that I attended th	e deceased from Ann.	195/ to May	6. 195/ that I la	st saw the deceased
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	alive on	19.5/, ar	nd that death occurred at	A. S. Itm., from the	causes and on the dat	te stated above.
	SIGNATURE	1 2 14 2	(Degree or titie)	ADDRESS		DATE SIGNED
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Sugmora. M. Amamay 1 m. S. Mensugion, me. 76/31	Jumas	u-/1. 14 man	ay 1 mis	11 Euringio	o, me.	16/3/
23 BURIAD CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)			OF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town, or	county) (State)
5-8-51 Coseland Cem Roodwelle Va	23 BURIAD CREM				12 - 1 11	//-
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24./PUNERAL DIRECTOR ADDRESS	23 BURIAD CREM REMOVAL (Spe	5-8-5	Coselan	a cern	11 oodwell	e va
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REG. 5 17 51 17	DATE REC'D, BY	12-8-3	77 /	24. FUNERAL DIRECTO	IR House	. 64 - 62 4
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2411 N. Charles Street, Baltimore

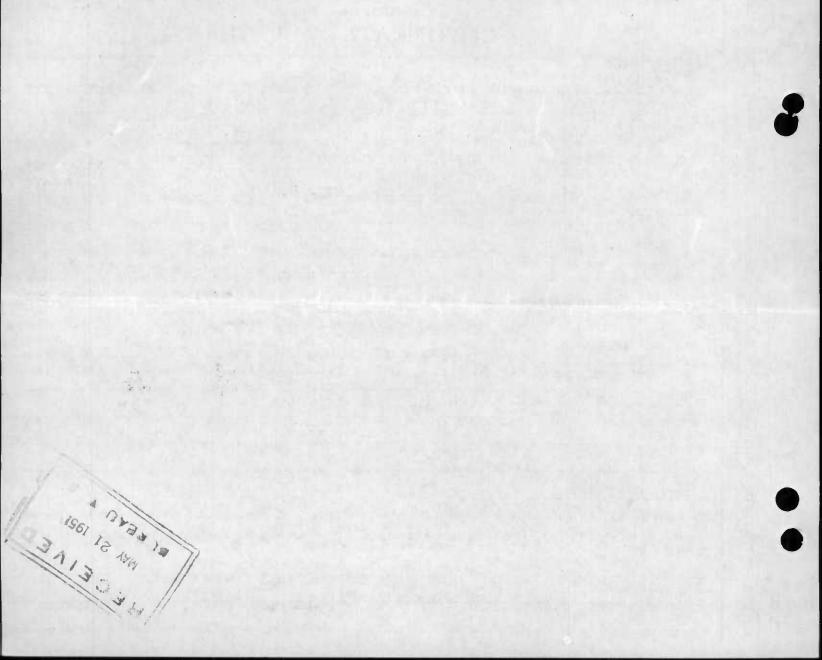
CEDTIEICATE OF DEATH

	CERTIFICAT	E OF DEATH Reg. I	Dist. No
1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED	
Montgomery	MARYLAND	Maryland Montgo	mery
CITY (If outside corporate limits, write R	URAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL	and give nearest town)
TOWN ROCKVIIIe	(in this place)	TOWN Rockville	
HOSPITAL OR		STREET (If rural, give locations)	ation)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 W. I	Montg. Ave.	ADDRESS 409 W. Montg. A	lve.
3. NAME OF (First) DECEASED (Type or Print) CALEDONIA	(Middle) GORDON ENC	(Last) 4. DATE (Mon	
5. SEX 6. COLOR OR RACI			
Female White	WIDOWED, DIVORCED, (Specify) Married	Aug. 18, 1866 84 ym.	If under 1 year II under 24 hm Months Days Hours Min
done during most of working life, even if retire HOUSEWIIE	ork 10b. Kind of Business or Industry OWN home	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT
13. FATHER'S NAME	0 1112 010120	14. MOTHER'S MAIDEN NAME	
Thomas C. Gordon		Lusie Bullard	
THE WAY The same Party II C. Amarine Party	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Year no, or unknown) (If yes, give war or da	ltes of None	Chas. E. England-Same a	s item#2
140 lbestvice)	18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECT		MINIORALON .	INTERVAL BUTWEEN ONSET AND DEATE
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cerebal kemons (artinochoris) Overwight	toge, left kemfligea + pyrtusin	5 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but n related to the disease or condition causing	ot		
19a. DATE OF OPERATION 19b. MAJO			20. AUTOPSY?
Zione.			Yes 🖂 No 🖸
21. ACCIDENT (Specify) I CONTROL (Specify) I C	PLACE (Home, farm, factory, street, OF office blog., etc.)	(CITY OR TOWN) (CC	DUNTY) (STATE)
TIME (Month) (Nay) (Year) (Hou	r) INJURY OCCURRED While at Nt While M. Work At work	HOW DID INJURY OCCUR?	
		30, 19 to 2004 16, 1951, that I	
alive on May 16, 19 51, SIGNATURE	and that death occurred at (Degree or title)	ADDRESS and on the causes and on the	date stated above. DATE SIGNED
Will. For	thursd W.D.	Koelwelle, Md.	5/16/51.
23. BURIAL, CREMATION DATE THE REMOVAL (Specify) 20 Ma	v 1951 Rockville	Union Rockville, M	
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE	24. FULERAL DIRECTOR	hesda Md.
		1	•

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



The correct age



MARYLAND STATE DEPARTMENT OF HEALTH

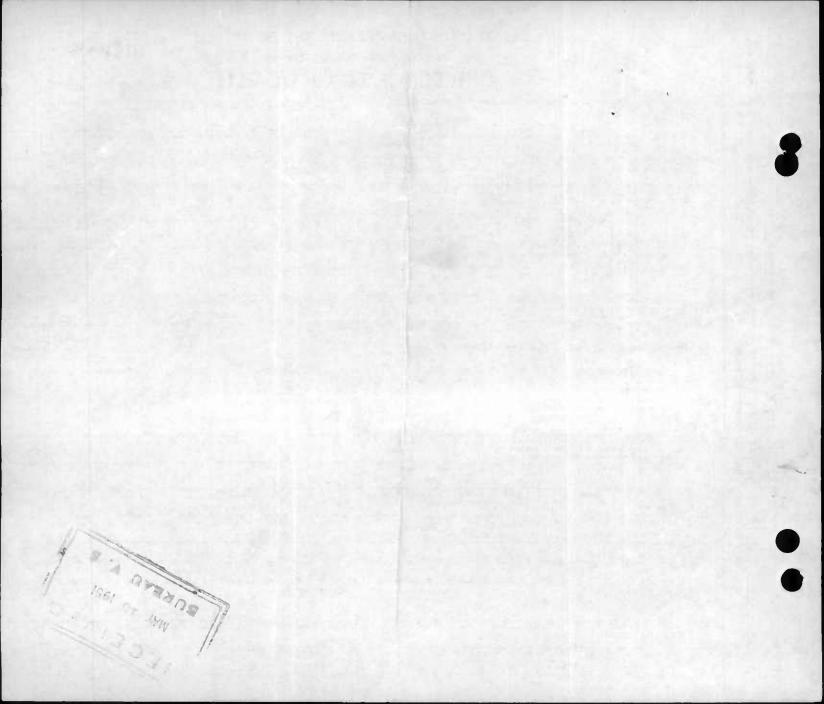
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04989

g. Dist. No. 223-

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY WARYLAND CO. MARYLAND	STATE TUSTICE OF COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	TOWN Washington.
HOSPITAL OR INSTITUTION OR Was king ton Squitering & Hosp.	STREET (If rural, give location)
STREET ADDRESS MAKALINA TOTIL ING.	ADDRESS 2032 Belment. Rd N.W.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	ESPEY DEATH & 12 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Cornery
U.S. Boyruman Clark - Related Rexived	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN USUARMED FORCES? 16. SOCIAL SECURITY NO.	Mary Hyton.
(Yes, no, or unknown) [(If yes, give war or dates of	17. INFORMANT AND ADDRESS
service) None	Hospital Records.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
D. C.	
157 x Immediate cause (a) Caronina of A	live Jonnay site linkung
Antocodent course(s)	1.
Antecedent cause(s) Diseases or conditions, if any, (b) Chelicastite w	itte Cholilittes
4/ 0 giving rise to the above cause	***************************************
stating the underlying cause last	Helinad W. L. and
II. OTHER SIGNIFICANT CONDITIONS	many of the penetral
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No [
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(GIATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
W /	m/ / 12 m1
22. I hereby certify that I attended the deceased from 5 6	, 192, to 2, 195 that I last saw the deceased
5-13 105/ man 200 200 101/	1:00P
alive on 5 /2 , 195 , and that death occurred at //	ADDRESS DATE SIGNED
SIGNATURE.	ADDITION DATE SIGNED
N 71. 3 641. 1 6M /4 1/2	~
With the of there office the	oma Ouch 12, md 5-13-5-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE.	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) Was de 100 Cal Cal Cal Cal	(Danso)
REMOVAL (Specify) May 15, 1950 Kest Creek Co	(5000)
REMOVAL (Specify) May 15, 1950 Kest Creek Co	melery Sachington, D.C. 24. PUNERAL DIRECTOR ADDRESS
DATE RECED BY LOCAL HEIGHTRAN'S SIGNATURE	melery Washington, D.C.



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

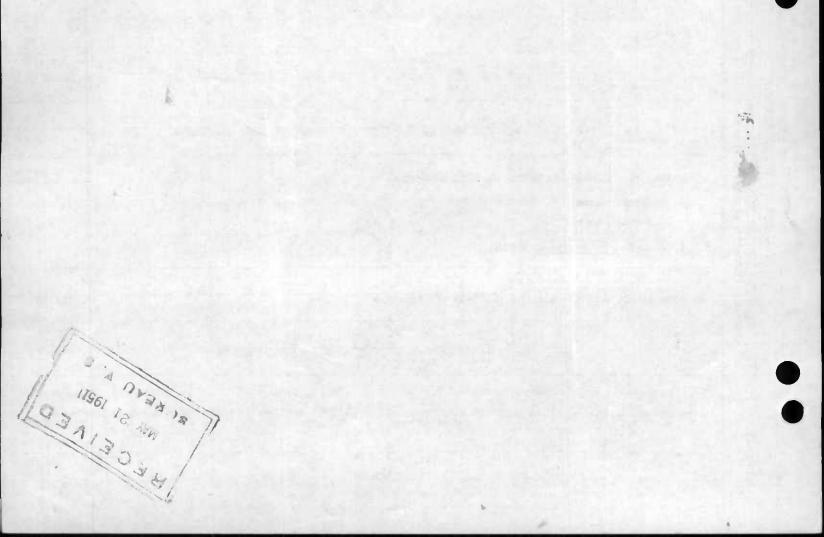
04990

Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATECALIFORNIA WINITER COUNTY

MONTGOMERY

CITY (If outside corporate limits, write RURAL and COUNTY MARYLAND 405 ANGELES LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) (in this place) 3-29-51 TAKOUNA TOWN GLENDALE TOWN 5-17-5 STREET HOSPITAL OR (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS WASHING TIM SANITARIUM AND NORTH ADAMS STREET 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED IRMA FOX RUTH MAY 17 (Type or Print) DEATH 19 4 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. 5. SEX 6. COLOR OR RACE Month Days | Hours | Min. 7-11-96 tema/e WHITE (Specify) wi Do web 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? AMERICA MOUSTON TEXAS NOUSE WIFE

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PACE IDA 17. INFORMANT 15. WAS DECRASED EVER IN U.S. ARMED FORCES? AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Hospital Records WASH. SAN. V HOSP. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH elelastin d Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No C PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 3-29, 195/, to 5-17, 195/, that I last saw the deceased alive on 5 - 17, and that death occurred at 5 10 p.T. m., from the causes and on the date stated above. (Degree or title) DATE SIGNED SIGNATURE Zulis BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Gall DATE REC'D BY LOCAL REG. 5-18-51 24 FUNERAL DIRECTOR



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

Pae correct age

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
nontgomery MARYLAND	District of Columbia	Y
OR give nearest town)	OR CITY (If outside corporate limits, write RURAL and give	ve nearest town)
TOWN Takoma Yark & weeks	TOWN Washington	
HOSPITAL OR INSTITUTION OR /	STREET (If rural, give location)	
STREET ADDRESS Vashington Sanitarium + Hospital	1317 Sheridan St. 1	V. W. V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Innie (none)	Frank DEATH 5	// 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9, AGE last birthday If under	1 year If under 24 hr
Female Hebrew WIDOWED, DIVORCED, (Specify)	June (?) 1875 75 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Kussia	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME	
Samuel Maven	Kose (un Known)	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Hospital Records.	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	Trola : Magnes	1
Immediate cause (a) Itematically of 100	elustasis, Uremia	dury
14-1 Autocodent concerts R.	D 00. 101	
Antecedent cause(s) Diseases or conditions, if any, (b) Curamina	Jamasa	(mis
giving rise to the above cause atating the underlying cause last		
46 fr		
11. OTHER SIGNIFICANT CONDITIONS	4 1 20 1=	1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	, Drakeles Mellilus	
19a. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
Feb 8 1001 Carcenona 072h	made	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(020122)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
A. O.	111 h . 1 51	
22. I hereby certify that I attended the deceased from	, 1976, to May 10, 195, that I last s	aw the deceased
alive on May () 1949, and that death occurred at	"	
alive on 19.7%, and that death occurred at	ADDRESS	ated above. DATE SIGNED
March March M. 1. 1921	ale a . Pol New Word No 1	20.11.05
1000 1100 1100 1100 1100 1100 1100 110	reculing My 100 20 200.	recy, 1751
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or count	ty) (State)
REMOVAL (Specific 13-51 Stongly)	isk Cernit md.	
DATE REC'D BY LOCAL REGISTRAR'S STONATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 5-12-51	BAR Mull 26	Of MIL



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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04992

Reg. Dist. No..... I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY COUNTY Montsomeny MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS HONT (If rural, give location) c. County Gew. Hosp. ADDRESS (Middle) 3. NAME OF (First) (Last) (Month) (Day) (Year) DECEASED (Type or Print) S. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED? WIDOWED, DIVORCED, 9. AGE last birthday Munder I year Months | Days HI under 24 hrs. Days | Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY . 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Thrombusis Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🖂 No D PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (STATE) 21. ACCIDENT (Specify) INJURY HOMICIDE HOW DID INJURY OCCURT INJURY OCCURRED TIME (Month) (Hour) (Day) (Year) While at Not While INJURY Work At work | 22. I hereby certify that I attended the deceased from May 19. 1951, to May 25, 19.51, that I last saw the deceased alive on Md, 55, 1951, and that death occurred at 6: 45 Pm., from the causes and on the date stated above. DATE SIGNED SIGNATURE (Degree or title) 25 CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) DATE REC'D BY LOCAL

PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physicians:



The correct age

MARGIN RESERVED FOR BINDING

PLEASE

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04993

E	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
	MARYLAND	STATE Mary COUNTY	male
of information carefully death clearly and legibly.	CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give near st town) (in this place)	CITY (if outside diporate limits, write RURAL and giv	e nearest to(n)
leg	HOSPITAL OR	COMP ELEM	
and	INSTITUTION OR STREET ADDRESS 5115 Jameston Rd	ADDRESS 5/15 Januatown Rol.	
ati	3. NAME OF DECEASED (First) (Middle)	(Last) (A. DATE (Month)	(Day) (Year)
ear	(Type or Print) Howald 1312ckburn	Truas DEATH Man	6 1957
of c	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED	8. DATE OF BIRTH 9. AGE last birthday Munder	1 year If undar 24 hre Days Hours Min.
fin	WIDOWED, DIVORGED (Specify) Manual 10g. USUAL OCCUPATION (Give kind of work 10b, Kind of Business DR	3 19-1910 4/ yrs.	
n de	dere during most of working life, even if retired) INDUSTRY		COUNTRY?
sol	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	19. S. G.
Supply every item write the causes of	David R March		
Ver	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
y e	(Yes, no, or unknown) (If yes, give war or dates of 5'22-38'-2723	margans Trush (un	(1)
ppl	18. MEDICAL CE		
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
K.	Immediate cause (a) Cormany oc	chrain	Buddres
Za	4/201 Antecedent cause(s)		devil
B.G.	Diseases or conditions, if any, (b)		accours.
DIN	9 40 stating the underlying causa last		
FA	H. OTHER SIGNIFICANT CONDITIONS		1
5	Conditions contributing to the death but not related to the disease or condition causing death.		
Han	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
TTo			Yes No K
PLAINLY, WITH UNFADING INK.	21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
all.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
eci.	OF While at Not while INJURY m. work at work		
d sa	22. I certify that I took charge of the remains described above held an A	utansu Inspection V Inquiry thereon and	from the avidence
(-) . 2.	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and deoth in my	opinion resulted
E	from: naturol causes X, accident , suicide , homicide , SIGNATURE (Degree or title)	undetermined .	DATE SIGNED
WRF	ordinary and a second	M	DATE SIGNED
	Trank I more hand M. U.	Jasthersburg med	5-6-51
PLEASE		RY OR CREMATORY LOCATION (City, town, or count	y) (State)
田	DATE REC'D BY LOCAL RECESTRAL'S SIGNATURE	manatoriem Washington	
d	REG. 5-6-51 Gersie Mr. Thompson	2. FUNERAL DIRECTOR CO.	ADDRESS
		1 300 - ya st	
		290667	0 •



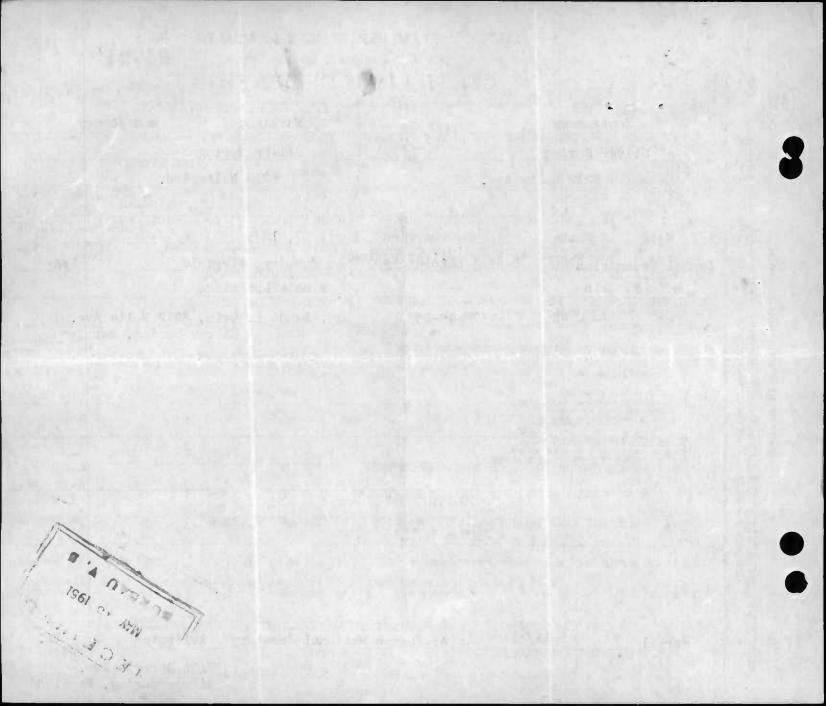
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#4994

Reg. Dist. No. 2/4

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DEC			
COUNTY Montgomery	MARYLAND	STATE Maryland		Montegon		
CITY (If outside corporate limits, write RU OR give nearest town) TOWN SILVER Spring	RAL and LENGTH OF STAY (in this place)	OR Silver S		RURAL and gi	ve nearest to	wn)
HOSPITAL OR		STREET	(If rural,	rive location)		
INSTITUTION OR STREET ADDRESS 8212 Nolte	Ave.	ADDRESS 8212	Nolte Ave	•		
3. NAME OF DECEASED O (First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) \(\lambda \mathcal{A} / \mathcal{D} \rangle	R MARRIED	AWID	DEATH	May	7	1951
6. COLOR OF RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH April 27, 1895	9. AGE last birt	hday If under Months		der 24 hrs.
10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired Dental Technician	k 10b. Kinn of Business of Industribliver Springer ental Laboratory	Sunrise. V		1	COUNTRY OF	P WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		0011	
David F. Gwin		Minnie Lock	-			
15. WAS DECRASED EVER IN U.S. ARMED FORC (Yes, no, or unknown) (If yes, give war or date	m of l	17. INFORMANT AND				
yes service) WW I	1579-18-2583	Mrs. Maude L.			Ave.	
	18. MEDICAL CE	RTIFICATION	Silver Sp	ring, Me	TX and	Berween
I. DISEASES OR CONDITIONS DIRECTLY		0 1	4		ONSET AN	DEATH
Immediate cause (a)	Coronau	, Occlus	con	**************************************	110	outh
20./ Antecedent cause(s)	4	/1	(fasta	Harle	1 - /1	1des a
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	•		, party at		200	000
(c)					1	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de 	ath.					
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTO	PSY?
					Yes 🗆	No Q
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) JURY	(CITY OR		(COUNTY)	(STA	ΓE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	The St.		
	<u> </u>	1 1. M.	5 (1	1.2		
22. I hereby certify that I attended t	the deceased from	6, 19.50, to/yay	19.2	that I last s	aw the de	ceased
alive on May 7 , 195/8	and that death occurred at	9:39An from the	causes and or	the date st	ated above	ρ.
SIGNATURE	(Degree or title)	4 & Therese		i.,	DATE S	
Ment yion M.D.	Si	lver Shuis	Tred.		5/	7/51
24. BURIAL, CREMATION DATE THER BEMOVAL (Specify) 5/11/51	Arlington M	Vational Cemeter	y Arlin		V	State)
DATE REC'D BY LOCAL REGISTRAR'	SSIGNATURE	24. FUNERAL DIRECTO			ADDRES	SS
REG. 5/11/51 Trans	ea toller	Ubruer 6 Jungle	ey, 8434 G			
		0 - 101	(Silver	Spring.	Marvl	and



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

04995

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH-		2. USUAL RESIDENCE (H	OME) OF DECEASED.	V
Montgomery	MARYLAND	Marylan	1d COUNT	Y Montgomer
CITY (If outside corporate limits, write RUI OR givo nearest town) Chevy Ch	(in this minus)	OR TOWN Chevy	te limits, write RURAL and gi	ve nearest town)
HOSPITAL OR		STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS Late Res	idence	ADDRESS 402 WE	arwick Place	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Susan	Louella	Hackett	OF May	22 1951
5. SEX 6. COLOR OR RACE			9. AGE last birthday If under	1 year If under 24 hrs
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	Aug. 14, '62	88 yrs. Mouths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1 10h KIND OF BUSINESS OF	11. BIRTHPLACE (State or Ottawa, Ill	foreign country) 1	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Jackson Sha	ver	Catherine F	Ruffner	
15. WAS DECRASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS S	ame as
(Yes, no, or unknown) (If yes, give war or dates	None	E. Turlington		tem 2
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
	PiT	7:0		2/
Immediate cause (a)	respusion	y ollere	88*081*00*00000000000000000000000000000	J Krua
331 × Antecedent cause(s)	00 10	In 11.		121
Diseases or conditions, if any. (b)	Cerebri	1 Jemonkag	2	1 d house
giving rise to the above cause stating the underlying cause last	01 -1	72.0	01	0
830 stating the underlying cause last	(hrous Hes	ed failure à 19	ulmonary, odon	13 mo
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	ath.	0	y znesta	
19a. DATE OF OPERATION 19b, MAJOR				20. AUTOPSY?
				Yes No
21. ACCIDENT SUICIDE HOMICIDE INJ	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	OWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?	
OF INJURY m.	While at Not While Work At work	,		
	3/11	10.51 . 5/22	1057	2001.45
22. I hereby certify that I attended the		1 . 70 .	, 195%, that I last s	
alive on 5/22, 1957, a	nd that death occurred at	// A. m. from the	causes and on the date st	tated above.
SIGNATURE	(Degree or title)	ADDRESS	00	DATE SIGNED
Trank y jogger J. 1	UD 57676		Chery Chase hid	5/22/51
23. BURIAL, CRUINTING DAME THERE CREMOVAL (Specify) 5-23-5			OCATION (City, town, or coun	(1000)
DATE REC'D BY LOCAL REGISTRAR'S	l	20 FUNERAL DIRECTOR	rince George	ADDRESS
REG. 5 23 51 Besses	In thompson		mbhru Béthes	
	0	711	5/1/	



2411 N. Charles Street, Baltimore

04996

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

I. PLACE OF DEATH.			2. USUAL RESIDENCE	(HOME) OF DEC		
COUNTY Kirlymery		MARYLAND	STATE MA.		COUNTY	ment
OR give nearest town) TOWN	write RURAL and	(in this place)	CITY (If outside corpo OR TOWN	erate limits, write	RURAL and giv	'e nearest town)
HOSPITAL OR	1.		STREET		give location)	
INSTITUTION OR 217	Gallemore	apenue	ADDRESS 217 6	Saltimore	- avenu	-
3. NAME OF (Firs	t)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print) ELIZ	A C	ATHERINE	HANSLEY	OF DEATH	May	19 1951
5. SEX 6. COLOR C	win	NGLE, MARRIED, DOWED, DIVORCED,	S. DATE OF BIRTH	9. AGE last birt	hday Wunder Months	l year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give I done during most of working life, eve	kind of work 10b.	pecify) Midwed Kind of Business or STRY Home	11./BIRTHPLACE (State	or foreign country) 12	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		0.3.74
Soloman Uan	tes		Margaret	Klere		
15. WAS DECRASED EVER IN U.S. AI		SOCIAL SECURITY No.		ADDRESS	0	
(Yes, no or unknown) (If yes, give w	ar or dates of		Mrs. Haginia Mac &	Sillespie, 21	1 Baltimore	are. Jak. Px. Md
		18. MEDICAL CE	ERTIFICATION			
I. DISEASES OR CONDITIONS I	DIRECTLY LEADI	NG TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
			1 1 71			/ /
Immediate cause	(a)	cery	ebral (h	rombo	Sis	6 4942
332 Antecedent cause(s) Diseases or conditions, if a	ny, (b)	Cr. ceb	ral Anterio	nscleros	c's	20600
giving rise to the above can stating the underlying cause	189	The second secon	der of the state o	A	A	· · · · · · · · · · · · · · · · · · ·
	(c)					
11. OTHER SIGNIFICANT COND Conditions contributing to the des related to the disease or condition	th but not	-				
19a. DATE OF OPERATION 19	b. MAJOR FINDIN	IGS OF OPERATION				20. AUTOPSY?
						Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Ho OF office INJURY	me, farm, factory, street, bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year OF INJURY	(Hour) INJU While m. Work		HOW DID INJURY OF	CCUR?		
On There is a series of the Test	4	and from March	4 1051 + Ma	19 1051	AL TI	
22. I hereby certify that I at		J	4., 1951., to May	1		
alive on May 1 B,	19.5 /, and that	death occurred at	4. A. m., from the	e causes and or	the date sta	ated above.
SIGNATURE		(Degree or title)		. Carroll, M.		DATE SIGNED
toharles V	Canol	o m. D.	6801 - 6th St., N	.W. Wash.	12. D. C.	5/19/51
REMOVAL (Specify)	TE THEREOF	Clark Lion	e (sem	LOCATION (City		Chio (State)
DATE REC'D BY LOCAL REC	GUSTRAR'S SIGNA	TURE	24. FUNERAL DIRECT	alters 254	Burnella	ADDRESS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The contract of the	weens, 234	Carroll a	010
			//		16	11.10 1110



VS. A15

The correct age

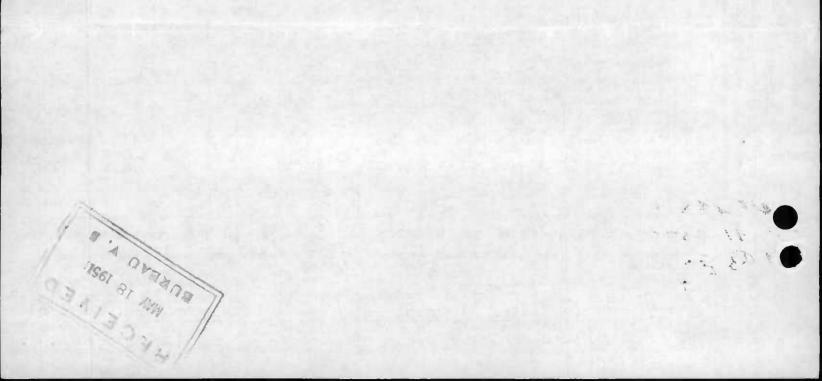
2411 N. Charles Street, Baltimore

04997

CERTIFICATE OF DEATH

Reg. Dist. No. 217

I. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED.		
cowontgomery	MARYLAND	STATE Maryland Montgomery		
CITY (If outside corporate limits, write RURAL	and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN OINEY	(m enia biaca)	TOWN Gaithersburg		
HOSPITAL OR	7 - TI A	STREET (If rural, give location)		
STREET ADDRESS Montg. Co.	en. Hospt.	ADDRESS 20 Summit Ave.		
3. NAME OF (First) DECEASED MADAY	(Middle)	(Last) 4. DATE (Month) (Day)	(Year)	
(Type or Print) MARY	ELLEN HA	ARDING DEATH May 10,1951	. 19	
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year I	under 24 hrs.	
Leware 1 Mulfe	(Specify) Married	May 11.1878 72 yrs. Months. Days 1	dours Min.	
done during most of vericing life, even if retired)	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZET COUNTRY	OF WHAT	
Housewife	Own Home	Maryland	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James T. Howard		Ruth R. Bennett		
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS		
NO service)	None	Wm.C.Harding - Same as item #2		
Immediate cause Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FIN	Dissert or The worler Degeneration	ng Aneurysin 26 vis Attris relevois 2 ive Heart Sugar Ge 20. AU Yes 1	TOPSY?	
SUICIDE OF OF INJURY	office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work				
signature Signature	that death occurred at (Degree or title) M. A.	Parthersbuy Md. Mas	Ove. SIGNED (State) SESS	
		. //		



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04998 Reg. Dist. No. 2/7 II 2. USUAL RESIDENCE (HOME) OF DECKASED.

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED.			
Montgomery Maryland		District of Columbia			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN Olney Cays		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington			
HOSPITAL OR Brooke Grove Form		STREET	(If rural, give loca	,	
INSTITUTION OR STREET ADDRESS Convalescent Home		ADDRESS 1380	Peabody St., 1	N. W.	
3. NAME OF (First) (Middle)		(Last)	4. DATE (Mon	nth) (Day) (Year)	
(Type or Print)	Lenore	Long	Hartzell	OF MAN	y 9. 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday]	If under 1 year HI under 24 hrs.
Female	White	WIDOWED, DIVORCED, (Specify) Widowed	Dec. 27.1879	71 yrs.	Months Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Housewife	working life, even if retired)	Own home	Cedar County.	Iowa	COSA Y?
18. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John Long		Octavia Long			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS 1380	Peabody St., N.W.
(Yest, no or unknown)	(If yes, give war or dates of service)	none	Mrs. Chas. P.	Dake, Washin	ngton. D. C.
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
220.0 0 0		P	//		ONSEI AND DRAIL
Immediat	te cause (a)	Cardiac Sun	Africance	0040000	4 minike
1100 / Automato	nt course(s)	1/ + :~	//	1 11	· atleast
1/20 / Antecedent cause(s) Diseases or conditions, if any, (b) Kyper Europ & common after head during 2 years.				ere 2 years.	
giving rise t	to the above cause		. / . /		
7300 menting the	93 d stating the underlying cause last			Termalini	· Me Ne Il
II. OTHER SIGNIF	ICANT CONDITIONS	owie - y	mas and a d	cary range	- Ore residen
Conditions contrib	uting to the death but not				
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?
Mone					
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	: (CITY OR	TOWN) (CC	UNTY) (STATE)
SUICIDE	OF	office bldg., etc.)	(021 1 010	(00	(SIAIE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF		While at Not While	11011 222 21100101	000141	
INJURY	m. I	Work At work	1		
22. I hereby cert	tify that I attended the	deceased from 17	19.5/ to May	9 . 195/ that I	last saw the deceased
7					
alive on.	195/, and	d that death occurred at		e causes and on the	date stated above.
SIGNATURE	/	(Degree or title)	ADDRESS	Co C.	DATE SIGNED
aum H. Traum ru D. 8737 Georgea are delver opring, me, may 10/51					My Way 10/51
23. BURIAL, CREM REMOVAL (Spe- Trans, & Bu	DATE THEREC	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	n County South
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR					ADDRESSOTA
REG. 5-19-57 Gerlinde B Lawles Whenev & Jumphrey 8434 Georgia Ave.					
		The same of			ing, Maryland





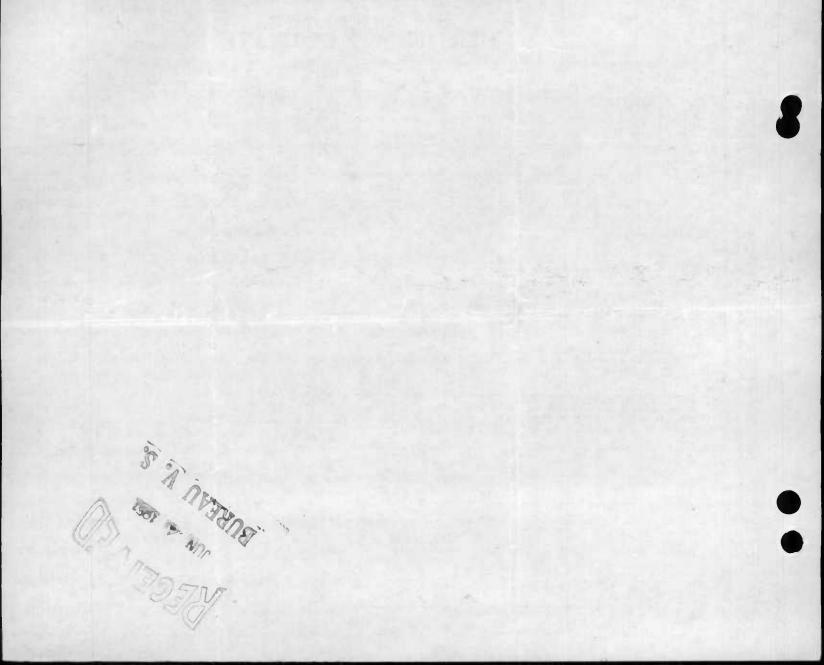
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04999

Reg. Dist. No. 216

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Montgomery MARYLAND	STATE Maryland Montgomery			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give nearest town) Bethesda (in this place)	TOWN Silver Spring			
HOSPITAL OR	STREET (If rural, give location)			
INSTITUTION OR STREET ADDRESS Suburban Hospital	ADDRESS 12205 Dewey Road			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mouth) (Day) (Year)			
(Type or Print) ////////////////////////////////////	Hawley DEATH May 26 1951			
5. SEX 6. COLOR OR RACE / 17. SINOLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If woder 1 year If under 24 hrs.			
(Specify) WIDOWED, DIVORCED,	10-7-89 6 / yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
done during most of working life even if retired INDUSTRY	Virginia COUNTRY? U.S.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Stewart 7. Hawley	Leota Elizabeth Light			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16/ SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
(Yes, no, or unknown) [(If yes, give war or dates of 7 10	Daniel Delle de la Prince 7.1.			
10 lactrices	Donald K. Hawley (Son) Terrifulle, Md.			
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
Immediate cause (a)	1 Jenony Spala 2 day			
231X				
Antecedent cause(s)	colonia (- everel / 140-			
Diseases or conditions, if any, (b) giving rise to the above cause				
850 stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20, AUTOPSY?			
ISS. DALL OF CAMPACATION				
LOCKED PARTY (No. 17) I BY ACE (Warre form feature street	(CITY OR TOWN) (COUNTY) (STATE)			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITT OR TOWN) (COUNTY) (STATE)			
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF While at Not While	now bib intolli decelli			
INJURY m. Work At work				
d1416	(126)			
22. I hereby certify that I attended the deceased from	19, to 5/2-b(), 19, that I last saw the deceased			
22. I hereby certify that I attended the deceased from				
22. I hereby certify that I attended the deceased from alive on 19, and that death occurred at	m., from the causes and on the date stated above.			
22. I hereby certify that I attended the deceased from				
22. I hereby certify that I attended the deceased from alive on 19, and that death occurred at	ADDRESS DATE SIGNED			
22. I hereby certify that I attended the deceased from alive on 19, and that death occurred at Degree or title) 23. BNDAAL CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS DATE SIGNED			
22. I hereby certify that I attended the deceased from alive on 19, and that death occurred at (Degree or title) 23. BUDGEL CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS DATE SIGNED ORY, OR CREMATORY LOCATION (City, town, or county) (State)			
22. I hereby certify that I attended the deceased from alive on 19, and that death occurred at (Degree or title) 23. BND-01. CREMATION DATE THEREOF NAME OF CEMETE REPOYAL (Specify) 3-30-(95) Heave reckly	ADDRESS DATE SIGNED ORY OR CREMATORY LOCATION (City, town, or county) (State) Plannamy Warlington, Awal, Will			
22. I hereby certify that I attended the deceased from alive on 19, and that death occurred at (Degree or titie) 23. BND-71. CREMATION DATE THEREOF NAME OF CEMETE REPROVAL (Specify) 3-30-/951 Heaven weeks DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	ADDRESS DATE SIGNED ORY, OR CREMATORY LOCATION (City, town, or county) (State)			
22. I hereby certify that I attended the deceased from large alive on 19 and that death occurred at 19 (Degree or title) 23. BND-71. CREMATION DATE THEREOF NAME OF CEMETE REPROVAL (Specify) 5-30-/951 Sear Truck Search Control of the Control of t	ADDRESS DATE SIGNED ORY OR CREMATORY LOCATION (City, town, or county) (State) Plannamy Warlington, Awal, Will			



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05000

Reg. Dist. No ... 1. PLACE OF DEATH. USUAL RESIDENCE (HOME) OF DECEASED. District of Columbia COUNTY STATE COUNTY Montgomery MARYLAND GITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in 1this place) OR give nearest town) Bethesda, Rural Washington TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS U. S. Naval Hospital 3260 Scott Place, N.W. TREET ADDRESS 3. NAME OF 4. DATE (First) (Middle) (Last) (Month) (Day) (Year) DECEASED HAZELOCK William none May 16. DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH 9. AGE iast birthday | If under 1 year | If under 24 hrs 6. COLOR OR RACE 5. SEX Months | Days | Hours | Min. Sept 4. 1898 Negro 10a. USUAL OCCUPATION (Give kind of work) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Washington, D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charlotte CARTER Frank HAZELOCK 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, po, or unknown) | (If yes, give war, or dates of Frances E. HAZELOCK, 939 E Street, Wife: SW. Washington, D.C. INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (1) dialetes mellites Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the ahove cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes K No I (COUNTY) 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (Specify) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work INJURY 22. I hereby certify that I attended the deceased from May 15, 1951, to May 16, 1951, that I last saw the deceased , 1951, And that death occurred at 8:55 P. m., from the causes and on the date stated above. (Degree or titie) U.S. NAVAL HOSPITAL, BETHESDA, MD. May 17, 1951 Jr., LTJG, MC, USN S. R. MILLS, 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Arlington National Arlington, Virginia May 21, 1951 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURA . ADDRESS W. E. Jarvis Funeral Home, 1432 U St., N.W. Washington. D.C.



VS. A15

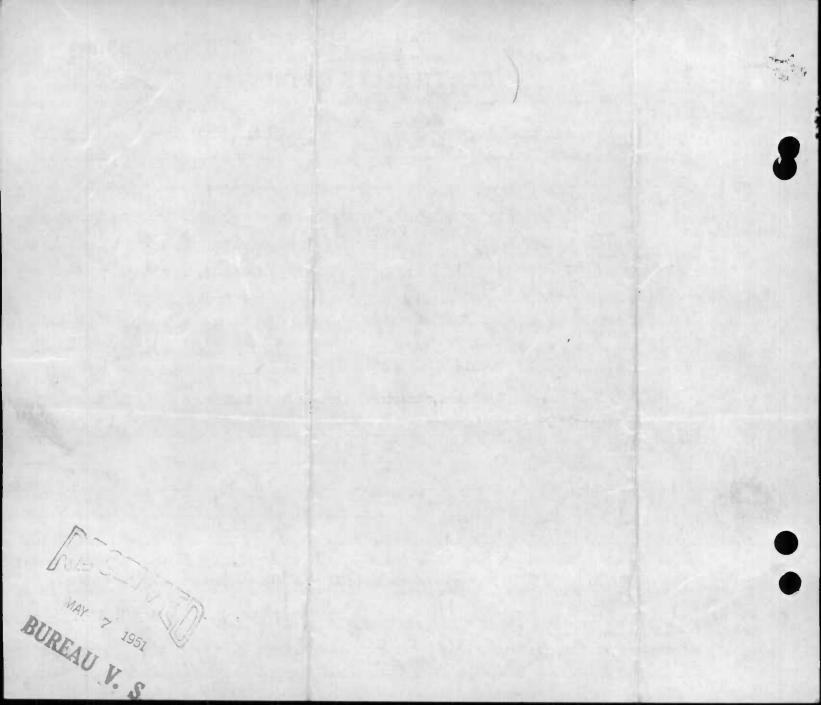
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05001

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Montgomery MARYLAND	STATE MOTY 4 land COUNTY	1 mate
OR give earest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town
HOSPITAL OR	TOWN / CKeyson - SFI)
INSTITUTION OR STREET ADDRESS	ADDRESS (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / OTOR / TIS Holl	DEATH //ay	2 1057
WIDOWED, DIVORCED, (Specify) W. down	8. DATE OF BIRTH 9. AGE isst birthday Iffunder Months work.	Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13 FATHER'S NAME	1191919 na.	45
T 4 // /	14. MOTHER'S MALDEN NAME	
15/ Was Decrased Ever In U.S. Armed Forces? 16. Social/Security No.	17. INFORMANT AND ADDRESS	
(Yes, to, or unknown) (If yes, give war or dates of NonE	M P MID ADDRESS	erson
18. MEDICAL CER		140
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Unamia		Onder Mile Danie
Immediate cause (a)_Uremia	The second secon	**************************************
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last	clerotic heart disease	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from August.	, 1950., to May 2,, 19.51, that I last si	aw the deceased
	1:00a.m., from the causes and on the date sta	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
-API (Marke MI)	Emodeniele 363	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	Frederick, Md. May 2, 1 RY OR CREMATORY LOCATION (City, town, or count	.951 y) (State)
TOUT (a) May 5/51 Mono cae	y Beullexille	Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24/FUNERAL DIRECTOR	ADDRESS
fry 10 1 Vermonia	XVIIII am - 12, /II/ Tom	20/05
	Barnesxille, Mil	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

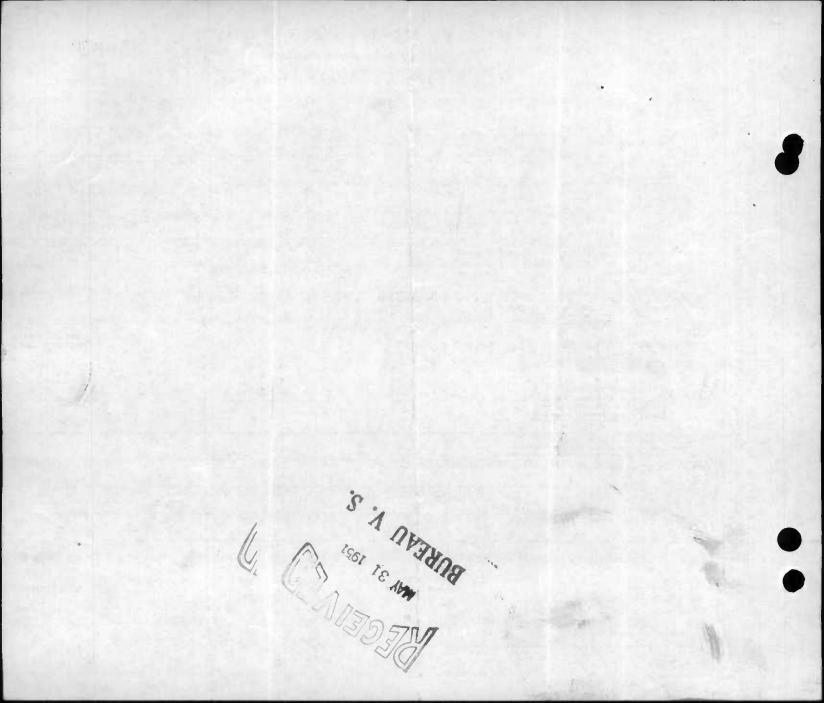
2411 N. Charles Street, Baltimore

05002

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY / Dangomery MARYLAND	STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town a formal far (in this place)	TOWN Washington
HOSPITAL OR	STREET (Urural, give location)
INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital	ADDRESS 3012 Channing St. N.E.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) (e orge William	Holt DEATH 5 29 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Male Caucasian WIDOWED, DIVORCED, (Specify) Married	7-25-90 GO yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, or all retired) JINDUSTRY Jord	Washington D.C. COUNTEY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Washington Holt	Bertha Osborne
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give way or, dates of service)	Hospital Records
18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Cacheria	moutes
157 VAntecedent cause(s) (Projuseus	
	of pancreas / year y
giving rise to the above cause	
469 seating the distantisting taste saw	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While _	· · · · · · · · · · · · · · · · · · ·
1110112	_/.
22. I hereby certify that I attended the deceased from 5/13	, 1957, to 5729, 1957, that I last saw the deceased
alive on 5/28, 195/, and that death occurred at	2 45 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Film R. IMS	Tak. Dark 5/29/51
Adollar & pellurely 1.1.	enaug vova.
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	DY OR CREMATORY LOCATION (City, town, or county) (State)
June 144 14 14	inistration for Leongertes Porch.
DATE REC'S BY LOCAL REGISTRASES SIGNATURE	
REG. 6/1 (1) The Attitude (1) TAIN	24. PUNTEAL DIRECTOR 2901 11/1 (ADDRESS)
REG. 9/19/51 4- Hum (301)	Strain CO 2901-14th St. W.W.



05003

CERTIFICATE OF DEATH

	neg. Dist. 1(0
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
COUNTY Montgomery MARYLAND	New York Oneida
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Bethesda, Rural 1 month	Town Utica
HOSFITAL OR	STREET (If rural, give location)
STREET ADDRESS U.S. NAVAL HOSPICAL	ADDRESS 1600 Sunset Street
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Harry vali	HUPKINS DEATH MAY 9, 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)Married	8. DATE OF BIRTH 9. AGE last hirthday If under i year If under 24 hr
	June 2,1878 72 yrs. Manths Of Hours Mix
done during most of working life, evon if retired) 10b. Kind of Business on Industry Library Library Losmetics	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	remsylvania 1 05
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur S. M. HOPKINS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Inez VANDYKE
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no of unknown) (If yes, give war of dates of service)	17. INFORMANT AND ADDRESS Son: Gerald A. HOPKINS
	RTIFICATION 5612 North Capitol St., Wash., D.C.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Chennes Velyer	Land Brillian Water 1978.
Immediate cause (a)	
Antecedent cause(s)	7 mos
Diseases or conditions, if any, (b)	** A B TO THE TOTAL THE TO
114 stating the underlying cause fast	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
198. DATE OF OTHER TOP	Yes 🛣 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
	0 (3 3/222 0 (3
22. I hereby certify that I attended the deceased from ADTLL	9, 1951, to May 9, 19.51, that I last saw the deceased
() alive on May 9 , 19 51, and that death occurred at	4:15 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
of 21. Cylin	W 30 3013
	VAL HOSPITAL May 10, 1951
	CRY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (Specify) May 12, 1951 Rock Creek	Cemetery Washington, D.C.
May 10, 1951 Elac whether	
May 10, 1951 Edith Whellengton	S. H. Hines Funeral Home, 2901 Lith
	Street, NW, Washington, D.C.49 698
	10010

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

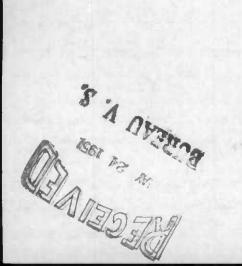
2411 N. Charles Street, Baltimore

05004

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MONTGOMES MARYLAND	STATE Maryland COUNTY MONTSOMER
CITY (If outside corporate limits write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give hearest town)
OR give nearest town) TOWN Town Town Town Town Town Town Town Town	OR TOWN Takama Pank
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Washington Santarium and Hospital	ADDRESS 302 Carrell Ave
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Mary Elizabeth	Hopping DEATH May 2/ 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED,	Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, Kind of Business or	8-19-75 73 yrs. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
Un Anawn Ollice	Mary E. Eisenbise
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	IT. INFORMANT AND ADDRESS
service)	Washington Sanitarium and Hospital record
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
J. DISEASES OR CONDITIONS DIRECTED EMPLING TO DEATE	7 NOTES AND DEATE
Immediate cause (a)	Heart Vailure siky
Immediate cause	
430, (Antecedent cause(s)	200 11: 11: 120 00 12 -
Diseases or conditions, if any, (b) giving rise to the above cause	12 Market 1991
giving rise to the above cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	The state of the s
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
IVAL DALE OF OTBUILDING	
21. ACCIDENT (Specify) PLACE (Home, larm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, larm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(OILLOWIN) (OOUNLL) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
17100101	1 1/6
22. I hereby certify that I attended the deceased from 5.	19, to S. 2. 19, that I last saw the deceased
alive on 19 and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
0 01.	mo lexita ha lala
ma en of	2/01/10/10/10/10/10/10/10/10/10/10/10/10/
DEMOVAL (Specify)	ery or CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRANS SIGNATURE /	24. FONERAL DIRECTOR ADDRESS
REG. 5-12-57 77/10000 NOON	J. arthur Salters, 254 Carrow De Zeu
	() Whit AC



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 216

I. PLACE OF DEATH			H & VICTOR DEGREES				
COLINITY			2. USUAL RESIDENCE (COUNTY	Manka	
CITY (If outside con	gomery rporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	Maryla	and	V - 2 - 1	Monte	zome i
OR givo nearest t	own) Bethesda		or Town Rockvi	rate limits, write RURA	and give	nearest to	vn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		X	STREET	(If rural, give le			
STREET ADDRESS	s Suburban	Hospital	ADDRESS 615 W	V. Montgome	ry		
3. NAME OF DECEASED	(First)	(Middle)	(Last)		onth)	(Day)	(Year)
(Type or Print)	Erma	S. He	oskinson	OF DEATH MS		20	1951
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10-16-1890	9. AGE last hirthday	If under I	year If un Days Hou	der 24 hrs
10a. USUAL OCCUPA	TION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12.	CITIZEN O	F WHAT
Laboratory	rking life, evon if retired) Technician	Pvt. Phys. Off	Maryland		C	OUNTRY?	USA
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			0 1311
Charles T.	Stearn		Ida Bell S	Slater			
15. WAS DECRASED EVI	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		san	10 83
NO unknown)	(If yes, give war or dates of service)	Not Known	W. Harry Ho	skinson-Hu	shand	- ite	m 2
	A. L.	18. MEDICAL CE					
I. DISEASES OR COM	NDITIONS DIRECTLY	LEADING TO DEATH	1 ,		15	INTERVAL ONSET AND	
		1:				ONBEI AN	DEATH
Immediate	cause (a)	Granany ou	ymerus	0======================================		201	com
1201 Antecedent		arteriseale	a a L		100	100	lua
giving rise to	onditions, if any, (b)	or will sun		PRO 007040000 + 120 + + + 0 124 0 0 x = major x major x major x 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0	****************	1	
440 stating the un	derlying cause last						
THE COMMENTS OF CALCULATION	(c)				1		
	ing to the death but not or condition causing death	h.					
19a. DATE OF OPER	ATION 19b. MAJOR F	INDINGS OF OPERATION			1	20. AUTO	PSY?
						Yes 🗆	No 🔀
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN) (C	COUNTY)	(STA	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CCUR?			
INJURY	m. I	Work At work	1 2 //				
22. I hereby certif	v Ahat I attended the	deceased from	19 46 to 20 ML	Ac 1957 that	I lest ser	w the de	honeon
10	/,						
alive on	1664, 195./, and	d that death occurred at5	Am., from the	causes and on the	date stat	ted above	3.
SIGNATURE		(Degree or title	ADDHESS	11 / 1	,	DATE SI	GNED
H/ Walin	elu	(1111)	(No devil)	n Hank	2	the as	M
23. BURIAL, CREMA	TION DATE THEREO	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	n or county	men	State)
REMOVAL (Spein	y) 5-22-5	1 Potomac Cl		Potemac			ounue)
DATE REC'D BY L	OCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIABOT	DR OF	Mary	ADDRES	Q
REG.5 - 2/-		b. 70 (Dolant a. C.	moureiBet	haede		
	- Crang	M. mompeon	MANUAL WILL	Z WANDER	nesua	, Md.	
		0	me	x. /	095	868	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles Street, Baltimore

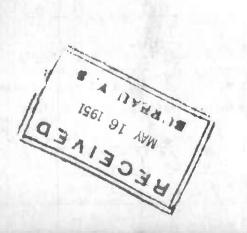
CERTIFICATE OF DEATH

05006

HATTLING MANYLAND CITY (A specific prome) limits write RURAL and DENGTH OF STAY OR OR OR PARTIES TOWN CASES T	/	Neg. Dist. No
TOWN OR TOW	PLACE OF DEATH	
TOWN WILL GRYPTER LORD TOWN WITH A CAPT	MARYLAND MARYLAND	I Million a LLA
HOSPITAL OR INSTITUTION OR STATES 1. AMERICAN SERVICE 1. AMEDICAL CERTIFICATION 1. DISEASES	OR give in a set town TOWN (in this piace)	OR (If out the corporate limits, write RURAL divive nearest to n)
STREET ADDRESS (First) (Gladie) (Gladie	INSTITUTION OR / 7007	STREET (If rula, give location)
DECASED (Type or Princ) (SEX (SEX		1 1000 /Ja, live
SEX COLOR OR AACE THOUGHT IN COLOR OF AND THOUGHT IN COLOR OF A	DECEASED	OF OF
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if petired) Impressed 10. Impressed 11. Impressed 12. Given of Wand done during most of working life, even if petired 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCER 16. SOCIAL SECURITY NO. 17. INFORMANT I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	5. SEX 6 COLOR OR PACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specifyl,	S DATE OF BIRTH 9. AGE iast hirthday If toder 1 year If under 24 Months, Days Hours Mi
15. WAS DECRASED EVER IN U.S. ARMED FORCET 16. SOCIAL SECURITY NO. 17. INDUSTRICT 17. INDUSTRICT 18. MEDICAL CERTIFICATION 18. MEDIC	10a. USUAL OCCEPATION (Give kind of work 10b. KIND OF BUSINESS OF	11 BACTHPLACE (State or Freign country) 12. CITIZEN OF WHA
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMATION 17. INFORMATION 18. MEDICAL CERTIFICATION 18. MED	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, (b) Signing rise to the above cause attaing the underlying cause inst Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. APTOPSY? 21. ACCIDENT SULCIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) While at Not While Not While Not While At work Degree or title) DATE (EMATION) DATE (SEMATION) ADDRESS	Louis Hypon	Harriett linknown
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Anteccdent cause(s) Diseases or conditions, if any, giving rise to the above cause atting the underlying cause inst (b) Diseases or conditions, if any, giving rise to the above cause atting the underlying cause inst (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SPECIAL	15. WAS DECEASED EVER IN U.S. ARMED FORCE? (Yes, no, or unknown) (If year, give war or date of service)	17. INDOMANT
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Anteccdent cause(s) Diseases or conditions, if any, giving rise to the above cause atting the underlying cause inst (b) Diseases or conditions, if any, giving rise to the above cause atting the underlying cause inst (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SPECIAL		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause satisfy the underlying cause last L. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AFTOPSY? Yes No. R. 21. ACCIDENT Specify PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (How) INJURY OCCURRED While at Not While office bidg. etc.) INJURY 22. I hereby certify that I attended the deceased from 100 Not While office or title) ADDRESS 23. OPERATION DATE OPERATION DATE OPERATION DATE SIGNATURE OPERATION DATE OPERATION OPERATION NAME OF CEMENTARY OR CREMATORY LICATION (CRY form, or county) OPERATION DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. (FONEMAL DIFFERENCE) ADDRESS ADDRESS ADDRESS	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AMININAL DEIWEL
Diseases or conditions, if any, giving rise to the above cause isat II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. APTOPSY? Yes No K SUICIDE No K HOMICIDE NIJURY NIJURY OCCURRED NO While at Not Whil	Immediate cause (a) Coronau	y Infarction len rind
Disease of conditions, and stating the underlying cause iast II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF OF OFFICE (Ilome, farm, factory, street, OFFICE (Ilome, farm,	Antecedent cause(s)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. APTOPSY? Yes No E No	Diseases of conditions, it any, (b)	
Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF Office bidg., etc.) INJURY OCCURRED While at Not While Work At work 19 19 19 19 19 19 19 19 19 19 19 19 19	13 o stating the underlying cause iast	Dipose 15-20 15-20 15-20 15-
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AFTOPSY? Yes No E 20. AFTOPSY? Yes 20. AFTOPSY? Yes 20. AFTOPSY? Yes 20. A		
21. ACCIDENT SUICIDE OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Home) INJURY OCCURRED While at Not While INJURY Work At work Department of the Course of SIGNATURE 22. I hereby certify that I attended the deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	related to the disease or condition causing death.	
21. ACCIDENT SUICIDE OF office bidg., etc.) SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work At work Degree or title) 22. I hereby certify that I attended the deceased from At work Degree or title) SIGNATURE PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY PLACE (Home, farm, factory, street, OF OFFICE BID OFFI COUNTY) INJURY PLACE (Home, farm, factory, street, OFFI COUNTY) INJURY INJURY PLACE (Home, farm, factory, street, OFFI COUNTY) INJURY INJURY INJURY INJURY ADDRESS PLACE (Home, farm, factory, street, OFFI COUNTY) INJURY INJ	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	
TIME (Month) (Day) (Year) (Hom) INJURY OCCURRED While at Not While at	SUICIDE OF office bidg., etc.)	1 CONTRACTOR OF
22. I hereby certify that I attended the deceased from	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	LEOW DEP INVEST OCCUR?
alive on 19.5, and that death occurred at 1.00 m, from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 12.5/ 23 BERIAL, CREMATION DATE SEMOVAL (Speeds) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24.FONERAL DIRECTOR ADDRESS ADDRESS		blo healer Jane to sept 1937
alive on	22. I hereby certify that I attended the deceased from way	9, 1951, to May 9, 195/, that I last saw the deceased
SIGNATURE DATE SIGNED LEGISLATURE LOCAL SIGNED LOCAL SPECIAL CREMATION DATE SIGNATURE LOCAL SPECIAL CREMATION DATE LOCAL SPECIAL CREMATION DATE LOCAL SPECIAL CREMATION DATE LOCAL SPECIAL CREMATION CREMATORY DATE LOCAL SPECIAL CREMATION CREMATORY LOCAL SPECIAL	alive on may 9 1951, and that death occurred at	7:00 N
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) 24. FUNERAL DIVECTOR ADDRESS	SIGNATURE (Degree or title)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE) 24. FUNERAL DIVECTOR ADDRESS	Letver Jawell, M.D.	norveek red may 12,51
ADDRESS	23 BURIAL, CREMATION DATE AND NAME OF CEMENT	RY OR CREMATORY LICATION (City Jown, or county) (Stato)
	DEC.	24. FONEAL DIRECTOR ADDRESS
	DEC 1/ c	24. FONEAL DIFECTOR ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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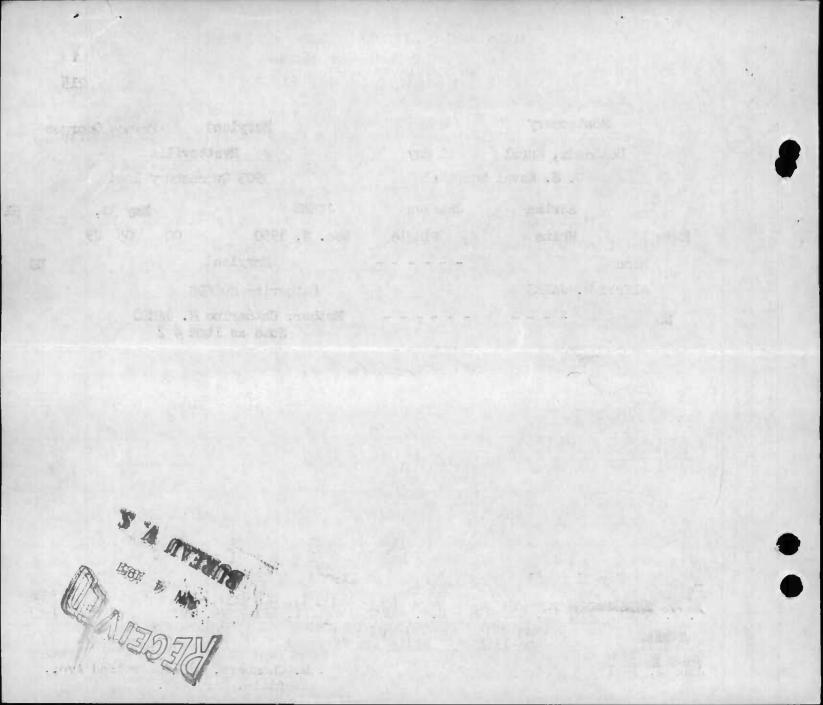
2411 N. Charles Street, Baltimore

05007

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEAT	H·		2. USUAL RESIDENCE (H	IOME) OF DECEAS	ED.	
COUNTY	Montgomery	MARYLAND	II STATE	land Pr	COUNTY rince Georg	- da
CITY (If outside c	orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpora	ate limits, write RUR.	AL and give nearest	es town)
TOWN givo nearest	ethesda, Rural	1 day piace)	II OR	Hyattsville		
HOSPITAL OR			STREET	(If rural, give l		/
INSTITUTION O	SS U. S. Nava	L Hospital	ADDRESS 3903	Queensbury	Road	/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (M	(Day)	(Year)
(Type or Print)	Adrian	Charles	JAMES	OF DEATH	May 31.	19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE iast birthday	If under I year If	under 24 hou
Male	White	WIDOWED DIVORCED, (Specify) Single	Dec. 2, 1950	00 yrs.	105th 29 y	lours Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Mary)		12. CITIZEN COUNTRY	US WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN			00
Alfr	ed R. JAMES		Catherine 1	MOCKUS		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates of	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
NO NO	service)	² = = = = = =	Mother: Cathe:	rine M. JAME	SS	
		18. MEDICAL CE	RTIFICATION Same as	s item # 2		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				AL BETWEEN AND DEATH
		M /	1. 1.	.70		
Immediat	e cause (a)	Hydrocept	racus, cong	ma		1
Anteceder	nt cause(s)	7	4			
Diseases or	conditions, if any, (b)	****** * *** ***********************	**************************************	***********************************		
15 / de stating the u	nderlying cause last					
	(e)				1	
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.				
		INDINGS OF OPERATION			20. AU	TOPSY?
					Yes [No M
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN) ((TATE)
HOMICIDE	INJU				6.4	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?		
INJURY	m,	Work At work				
22. I hereby cert	ify that I attended the	deceased from May 30	19 51 to May 3	1 1951 that	Tologt gow the	hononod
M	err 21 51		77.004	A	T 1800 OWA CTG	Deceased
SIGNATURE	19 Ji , 19 Ji , an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the	date stated abo	ove.
L. W. SEDER	STROM, LT, MC,	USN U.S. NAVAL	HOSPITAL, BETHE	SDA. MD.	1 June	- · · · · · · · · · · · · · · · · · · ·
23. BURIAL CREM REMOVAL (Spec Burial	ATION DATE THEREO		RY OR CREMATORY L	OCATION (City, tow Arlington,		(State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDR	ESS
June 1, 195	PA .	levert !	W. W. Chambe			
		The state of the s		Maryland		1
20102031	2 38 3		in veruale,	561	Moura	elf



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05008

Reg. Dist. No. 2-14

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits/write RURAL and give	nearest town)
TOWN TOWN Strings (in this place)	OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8/8 Ligo av.	STREET ADDRESS 5/7-8 The rural, give location)	· •
3. NAME OF DECEASED (Fire John Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH MASS	(Day) (Year) 3 19 5
6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Judgmen	8. DATE OF BIRTH 9. AGE last birthday Illynder I Montha yrs. The state of the state	Days Hours Min.
done during post of werking life, even if retired) 10b. Kind of Business or Landston Communications of Business or Landston Communications of the Communication of the Communica	& Wennoth	CITIZEN OF WHAT
13. FATHER'S NAME WILLOWN	14. MOTHER'S MAIDEN NAME	4
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of lecrvice)	With WE Ridgeway, & Silver	of are
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a)	and Fall with the	b %-2
420 Antecedent cause(s) Diseases or conditions, if any, (b)	wote Heat Deanne	10 2-2.
93d stating the underlying cause last (c)	Thirdon	2000
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No S
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(OTT ON TOWN) (OOUNT)	(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Signal.	1, 19 57, to \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	w the deceased
alive on	ADDRESS ADDRESS Murlind	ted above. DATE SIGNED 5/3/57/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
REMOVAL (Specify) 5-7-51 Cedat	Hell Prince Seo Che	ml.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	The N HIM CO 2901-19	ADDRESS CONTRACTOR
The state of the s	390911 Wash.	WC.

BURNAU V.

correct WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

PLEASE

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05009

Reg. Dist. No. 21.3

1. PLACE OF DEATH- COUNTY Monte MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Y
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give new at town)	CITY (If outside corporate limits, write RURAL and given or	ve nearest town)
TOWN Jamel Vari	TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Pk. Estates	STREET ADDRESS 4935 (If rural, give location)	€
3. NAME OF (First) (Middle)	(I.ast) 4. DATE (Month)	(Day) (Year)
(Type or Print)	LASON DEATH May	19 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday Wunder Months yrs.	1 year If under 24 hr. Days Hours Min.
done currier mail of working life, even if retired) lib. Kind of BDBINESS OR IADUSTRY		COUPTRAT
13. FATHER'S NAME Charles Toluson	14. MOTHERS MAIDEN NAME OF ALL	م
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	n (wile)
laervice) 1577-05-X87	RIFICATION .	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	·	INTERVAL BETWEEN ONSET AND DEATE
Can proper Ad	clusion	D. Adam
Immediate cause (a)		0. 70
Antecedent cause(s)		CELONA
Diseases or conditions, if any, (b) giving rise to the above cause		5- AC 00 TO 00 100000 BEST TO
9 40 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 📝
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while Not While Work at work	HOW DID INJURY OCCUR?	
		4
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	utopsy , Inspection X, Inquiry thereon and	from the evidence
from: natural causes A, accident , suicide , homicide ,	undetermined	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
trans & Dross hart M.	N. Lawherky md	5-19-51
23. OF TRIAL CRESSATION DATE THEREOF NAME OF CEMPTER	RY OR CREMATORY LOCATION City, town of coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	C. UMERAI DIRYCTO	ADDRESS C
REG. 5-22-5, Helen J. Eskenfelder	Rokest L. Suswally Co	ckulle
1 par of		n. 1



RECEIVED MONTCOMERY COUNTY HEALTH DEPT. MAY 21 1951

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05010

Reg. Dist. No. 2/4

	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Montgomery MARYLAND	maryland Montgomery
CITY (If outside corporate limits, write RURAL and OR give nearestown) to 111e. Md. (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffs Nursing Home	STREET (If rural, give location) ADDRESS 733 Thayer Ave.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Edward D.	Jones DEATH May 26 1911
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) LICOWED	S. DATE OF BIRTH 9. AGE last birthday If under 1 year Hunder 24 hrs. Oct. 2. 1861 89 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIEN OF WHAT COUNTRY A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Llewellyn D. Jones	Sarah E. McCarthy
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Silver Spring. Mc
(Yes, no, or unknown) (If yes, give man or dates of none	Guy L. Jones 1902 Rooewood Rd. S. S.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
0 0-	
Immediate cause (a) Little Science	when Head Deserve ?
93 d Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	l'aileiso selvois.
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	istalie Dypartiophy ?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20, AUTOPSY?
DI ACCIDENTA (Navita) DI ACE (IV	Yes 🖸 No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	Yes 🗆 No 🗗
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While INJURY Not Work 22. I hereby certify that I attended the deceased from 12.5.	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 4.2.5.5 alive on 5.2.5.5., 19, and that death occurred at 1.5.5 SIGNATURY. (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? (Ounty) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE)
SUICIDE HOMICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of INJURY Work At work 22. I hereby certify that I attended the deceased from 1.2.5.5 alive on 5/25/5/., 19, and that death occurred at 1.5.5 SIGNATURY. (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 10, 19, to 5/26/5/19, that I last saw the deceased 2m., from the causes and on the date stated above.
SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While at Not Work 22. I hereby certify that I attended the deceased from 12.5. alive on 5/25/5/., 19, and that death occurred at 1 SIGNATURY (Degree or title) Marion Back at Not While at Not W	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (N, 19, to 5/26/5/19, that I last saw the deceased ADDRESS ADDRESS



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(15011 Reg. Dist. No. 217

	OMERY	MARYLAND	2. USUAL RESIDENCE (II STATE MARYLAND		COUNTYM (ONTGOMERY
OR give nearest TOWN	OLIVEI	(in this place)	OR ROCKVIL		AL and give ne	parest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES			STREET ADDRESS R# 2	(If rural, give l	ocation)	
3. NAME OF DECEASED (Type or Print)	JOHN	Thomas/	(Last) JONES	4. DATE (MOY DEATH MAY	Ionth) (D	28 (Year) 19 51
6. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9/4/1865	9. AGE last birthday 86 yrs.	Months Da	
10a. USUAL OCCUPA	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	VIRGINIA	foreign country)		TIZEN OF WHAT
13. FATHER'S NAM	E ISAAC JONES		14. MOTHER'S MAIDEN	NAME VIRGIN	IA SULLI	CVAN
(Yes, no, or unknown)	/ER IN U.S. ARMED FORCES? (If yes, give war or dates o service)			address ECORDS		
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	ONDITIONS DIRECTLY I	Henout	er (Real	Te)		TERVAL BETWEEN NSET AND DEATH
Diseases or e	of cause(s) conditions, if any, the above cause nderlying cause last	eacenon	ra of Sign	رمد	00 ac 1	8.
	(c)					
Conditiona contribu	CANT CONDITIONS ting to the death but not se or condition causing death	1.				
19a. DATE OF OPE	RATION 19h. MAJOR F	INDINGS OF OPERATION				Yes No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU		(CITY OR T		COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?		
22. I hereby certi	ify that I attended the	deceased from 5/27	7 , 19 51, to 5/7	F., 19.51, that	t I last saw	the deceased
alive on. S. SIGNATURI	25/ 1951, and	d that death occurred at	ADDRESS from the	causes and on the	e date stated	d above. DATE SIGNED
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THEREO	NAME OF CEMETE	Hill.	Swills	on, or county	nid (State)
DATE REC'D BY	LOCAL REGISTRAR'S	de B Jawler	W.W. Cho	ubers Co	WAS	h. D. C
				5	1024	15



2411 N. Charles Street, Baltimore

e count of age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

05012

or Diet No. 215

1. PLACE OF DEATH-			2. USUAL RESIDENCE (H	OME) OF DECEASED.	NTY
Mon	tgomery	MARYLAND	Distri	ct of Columbia	
OR give negrout to	porate limits, write RUR.	(in this place)	II OR	te limits, write RURAL and	d give nearest town)
OR give nearest t	ethesda, Rura	I week	TOWN Washin		
HOSPITAL OR INSTITUTION OR			STREET ADDRESS WA 3 T	(If rural, give location	
STREET ADDRESS	U. S. Naval	L Hospital	No 1 I	ookout Green,	S.W.
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Michael	Thomas	KAY	OF DEATH May 2	8, 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	O. AGE iast hirthday If un	der I year If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Single	May 21. 1951	00 уп. 100	the Days Hours Min.
	PION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
done during most of wo	rking life, even if retired)	INDUSTRY	Marvl	and	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Robert	L. KAY		Mary Jane	MARTIN	
15 WAS DECRASED FOR	PIN IIS APMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
NO HURROWE	(If yes, give war or dates of ervice)	"	Father: Rober	t L. KAY	
		18. MEDICAL CE	RTIFICATION Same	as item # 2	
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
			1 0 -1		Onds and Danie
Immediate	cause (a)	Immalur Prematu	dy due lo	001A1 -1008A1 00A0	101 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
77/X		0			
Antecedent	cause(s) nditions, if any, (b)	Oremala	recy		
giving rise to	the above cause			······································	
150 stating the uni	derlying cause last		,		
II. OTHER SIGNIFIC	(c)				
Conditions contributi	ng to the death but not				
	or condition causing deat	h. FINDINGS OF OPERATION			I an Attmorphism
19a. DATE OF OPER	ATION 196. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?
	- 1 TO A	GR. AT.	- Company on the	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Yes X No 🗆
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR T	OWN) (COUN	TY) (STATE)
HOMICIDE	INJU				
OF (Month)	Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR7	
INJURY	m.	Work At work			
on Thereby and	- that Tattandad the	e deceased from May 21	10 57 to May 28	1057 WALLET TO	4 41 1
alive on Ma	y 28 1951 an	d that death occurred at	2:17 A.m. from the	causes and on the date	a stated above.
SIGNATURE	a y ca	d that death occurred atI	ADDRESS	8	DATE SIGNED
	, LTJG, MCR, 1	USNR U.S. NAVAL	HOSPITAL, BETHES	DA, MD. Ma	y 28, 1951
23. BURIAL, CREMA	TION DATE THERE			OCATION (City, town, or c	county) (State)
Burial (Specify	June 1, 1		lational A	rlington. Virg	ginia
DATE REC'D BY LO	OCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	3	ADDRESS
May 28, 1951	8 Sitt	whillengla	Robert A. Pum	hrey, 7557 Wis	consin Ave.
	7211740			Marwland	

S. A DVINDA 1861 IE MM 1870 STOY

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05013

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.		
MARYLAND	STATE MARYLAND COUNTY		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE		
HOSPITAL OR INSTITUTION OR STREET ADDRESS / 0,000 GEORGES AVE	STREET (If rural give location) ADDRESS 2127 BOLTON ST.		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
(Type or Print) HARRY GRANT	KEENER DEATH MAY 16 1951		
5. SEX 6. COLOR OR RACE 7. SINCLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Nov. 3. 1899 5/ yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION 10b. KIND OF BUSINESS OR INDUSTRY STACK TADUS [R]	11. BIRTHPLACE (State or foreign country) STRASBURY VA 12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
HECTOR B KEENER	MARY PANGLE.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT		
NO service) NO UNRNOWN	RUSHIA OWENS.		
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
Immediate cause (a) SARCOMA	OF FEMUR (RIGHT)		
/O/A	OCARDITIS		
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	Yes No C		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) HOMICIDE (INJURY)	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?		
INJURY m. Work At work			
22. I hereby certify that I attended the deceased from	1951, to 1/6, 1951, that I last saw the deceased		
/1/			
alive on			
Ma Finda Olyan	ADDRESS DATE SIGNED		
Henry yourdell I'm !	602 194 SI. N.W , Washingly, DC-		
REMOVAL Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	PK. FALLS CHURCH! VA.		
REG.	24. FUNERAL DIRECTOR ADDRESS The S. H. Mines Co. 2901 14th St. N.W.		
may 11, 1731 prances soller			
	690336WASHINGTON D.C.		



The correct age

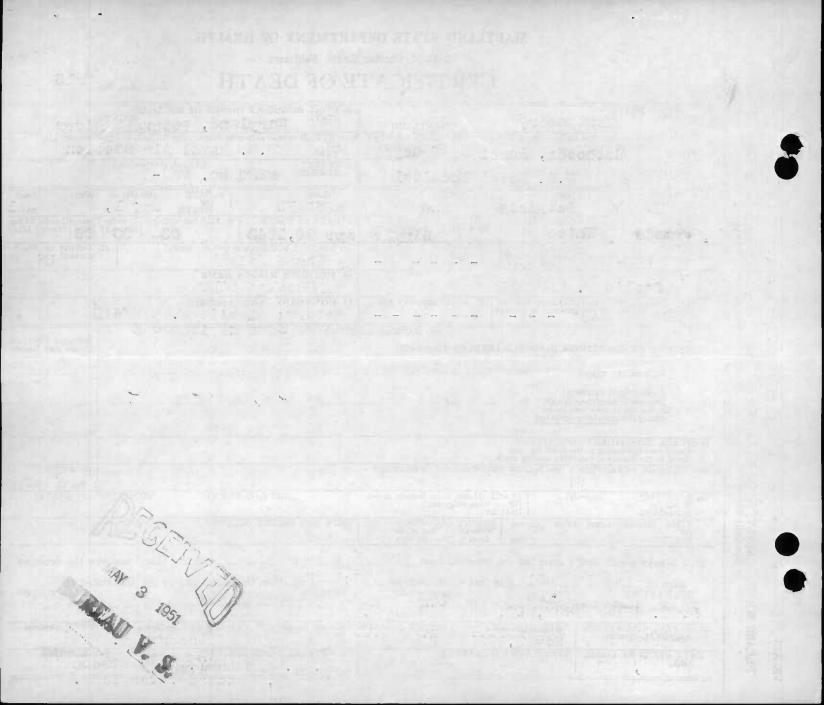
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(15)14 Reg. Dist. No. 215

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Montgomery MARYLAND	Maryland Patuxant River
CITY (if outside corporate limits, write RURAL and Cipy of give nearest town) TOWN Results of the sign of the si	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Bethesda, Rural 6 days HOSPITAL OR	TOWN U.S. Naval Air Station STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET ADDRESS MEMQ No. 793-A
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Patricia Ann	ALNUALD DEATH May 1, 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	S. DATE OF BIRTH 9. AGE last birthday If under 1 year Mouths Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Rhode Island 12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leslie M. KINCAID	Rosalee HUNT
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, ner or unknown) (if yes, give war or dates of service)	Father: Leslie M. KINCAID
18. MEDICAL CEI	RTIFICATION Same as Item # 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Para mania	A+ . /
Immediate cause (a) Pheumonia	-, Mtypical
587 Antecedent cause(s) Cystic 1=	brosis of Pancreas
giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🕅 No 🗅
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Apr 20	6 19 51 to May 1 1951 that I last saw the deceased
alive on May 1 1951 , and that death occurred at	
SICIONTURE (Degree or title)	ADDRESS DATE SIGNED
	S. NAVAL HOSPITAL May 2, 1951
Removal (Specify) May 2,1951 Pine Hill	Cemetery Location (City, town, or county) (State) 1 Cemetery Hillsboro, N. Hampshire
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RE	R. A. PUMPHREY, 7557 Wisconsin
	Avenue, Bethesda, Maryland,



of information carefully death clearly and legibly.

BINDING

RESERVED FOR

every item

Supply ev

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3

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05015

Reg. Dist. No...

Olin L. Molesworth, Damascus, Md.

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Montgomery MARYLAND CITY (If outside corporate limits, write RURAL and OR give hearest own) CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN Rural - Woodfield HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give iocation) #1 Gaithersburg ADDRESS RFD 3. NAME OF (First) (Middle) (Last) 4. DATE (Montb) (Day) (Year) DECEASED Herbert Charles Mav (Typa or Print) King DEATH 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Single 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday If under I year | If undar 24 hrs Months ! Days | Hours | Min. Male White 5.1932 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRA Midland Texas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Oliver King Dorothy Craft 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Wm. Oliver King. service) Gaithersburg 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Stande Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying causa last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY | OR CONTRIBUTING CAUSE OF DEATH. OF office bodg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURREDA OCCUR? While at Not while INJURY MAL at work work 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inspection the remains described above, held an Autopsy . Inspection the Inquiry ... thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED 23. BURIAG. CREMATION LOCATION (City, town, or county) Wesley Grove June Woodfield REGISTRAR'S SIGNAPURE 24. FUNERAL DIRECTOR

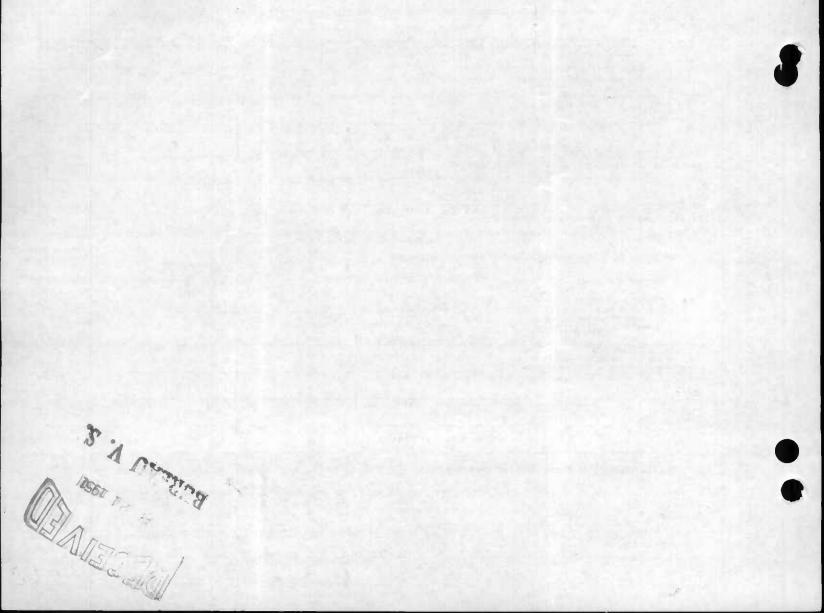


2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

05016

		OBJETT TOTAL	DOI DENT	Keg. Dist.	No. Z
1. PLACE OF DEAT	н•		2. USUAL RESIDENCE	(HOME) OF DECEASED.	
COUNTY M.	uxamavu.	MARYLAND	STATE	+ ox Columbia	TY
CITY (If outside c	orporate limits, write RUR		CITY (If outside corpo	rate limits, write RURAL and	give nearest town)
TOWN	Jakoma P	(in this place)	TOWN Wash	nie Xow	
HOSPITAL OR	R Washington Sa	nixarmi & Hospital	STREET	(If rural, give location)
STREET ADDRE	SS /a Kowa Parl		\$PDRESS 141	SY. NW	✓
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Louis	Nona	Klaben	OF DEATH 5	21 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday If und	der 1 year If under 24 hr
male	Jawish	(Specify) WARYLES	2-20-91	70 yrs. Mont	hs Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of w	vorking life, evon If retired)	Industry	Russia		COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDER	NAME	
	UNKNOWN	Klaben	Unknown		
	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates service)	of	1 41 -1 1/1 1 (2)	ecords.	
		18. MEDICAL CE		<u> </u>	
I DISPASES OF CO	ONDITIONS DIRECTLY				INTERVAL BETWEEN
i. Didended die de	MDITIONS DIRECTLY		701		ONSET AND DEATH
Immediate	e cause (a)	Leule Conse	sture Cardia	e tailure	Terminal
	0 0000	1 1 1 -1		***************************************	
	nt cause(s) conditions, if any. (b)	Hyperleuse	où		Vagas >
giving rise to	o the ahove cause	1/,		177 - Order mark Basins s der annen krange opprocessoner 201 anne 90000-0000 2	
93 d stating the u	inderlying cause last	1. 1.			7, 3
H OTHER STONE	(c) CANT CONDITIONS	anerioscie	resis		years"
Conditions contribu	iting to the death hut not				1
	se or condition causing deal	h. FINDINGS OF OPERATION			
ISS. DATE OF OLE	ICATION 139. MASON	MDINGS OF OTERATION			20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	· (CITY OD	TOWN:	Yes No 2
SUICIDE	OF	office bldg., etc.)	(CITY OR	TOWN) (COUNT	(STATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	MILD 9	
OF		While at Not While	HOW DID INJURI OC	CORI	
INJURY	m,	Work At work			
22 I hereby certi	ify that I attended th	e deceased from 5/20/	1957 to 5/2	0/ 1057 that Tiggt	com the december
ZZI I MOLOS, COLL	/ / / -	/ /	/	/	
alive on	20/ 195/ an	d that death occurred at	. 31 Q. m., from the	causes and on the date	stated above.
SIGNATURE	1, 11	(Degree or title)	ADDRESS	0	DATE SIGNED
Tralio	AT Abore	1- WIN.	Takan	P. 6 711 S	1-11-1
23. BURIAL CREM	ATION I DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City-town, or co	3/2//3/
REMOVAL (Spec		- El hat	L bem.	LOCATION (CITY TOWN, OF CO	unty) (State)
DATE REC'D BY	LOCAL REGISTRARS	- Color	24. FUNERAL DIRECTO	OR YOURSON	ADDRESS
REG. 4	11	Van Alerdil	RAG	1/4.1.1.1	ADDRESS
0 6	1 / / /	Vyrorour	10 Namo	my y son	· May
	V		01/1/	11/193501-	14 8+ N/4
			VV	1056701	17 -21 1910



VS. A15

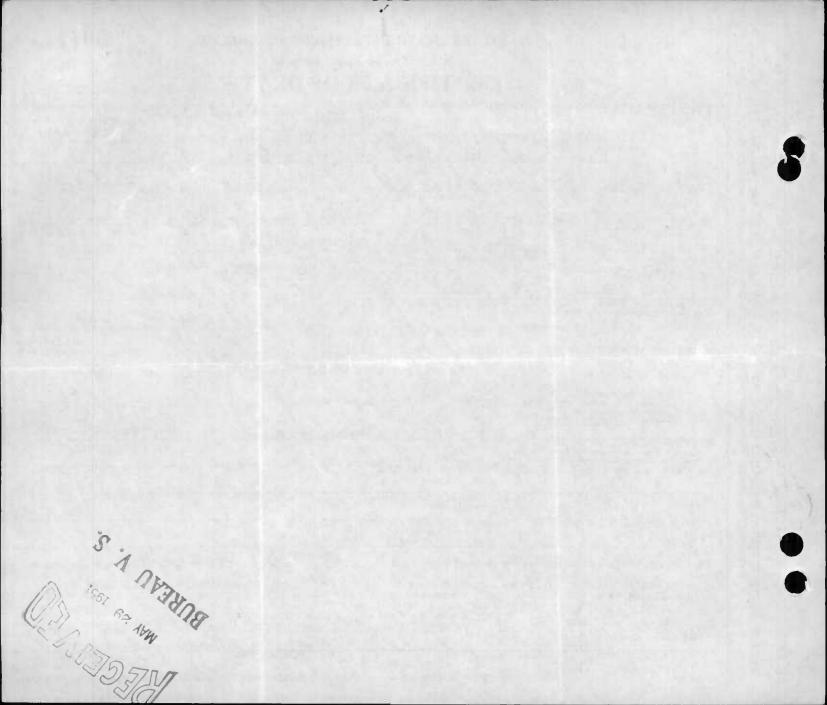
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2/4

	AL D. VICTOR & D.	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
Mouldomen MARYLAND	STATE Many Level COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		Germany
OR give nearest toyh) (in this place)	CITY (If outside corporate limits, write RURAL and giv	echearest town)
OR give nearest toyh) TOWN CITY (If outside corporate limits, write RUBAL and OR give nearest toyh) (in this place)	TOWN Silves of Music	
HOSPITAL OR		
INSTITUTION OR CO. 711	STREET (If yural, give location)	7-01
STREET ADDRESS 8900 Mauchesles Rd	8400 Mauches	1. N.
		ac / Ca.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Estelle Maude L	afterti DEATH May	- / -
		19-7
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S DATE OF BIRTH 9. AGE last birthday I under	
Fe WIDOWED, DIVORCED, (Specify)	1016 15 1975 75 Months	Days Hours Min.
	1 acc. 13, 18/31 73 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY		CITIZEN OF WHAT
done during most of working life, eyen if retired) INDUSTRY		COUNTRY?
Nousewife	vuenua, sowa.	usa -
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Tende L. Cell	L. Violet waller	
1		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	4-1-1-100	
iservice)	nomica recordo,	
18. MEDICAL CEI	RTIFICATION /	
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	0. 0.	
Tomodista como (a) Coronary	Ceclusion,	Jesense
Immediate cause (a)		
7 Lov Maria		
LEON Antecedent cause(s)	AAII	> M 0
Diseases or conditions, if any, (b)		- J-cars
giving rise to the above cause	1 1 A	
stating the underlying cause last	7/1 // 1/-	
(c) reality /	Wellelus	7110
II. OTHER SIGNIFICANT CONDITIONS		1 GRAND
		1 years
Conditions contributing to the death but not	7.1:	1 years
Conditions contributing to the death but not	ilis	1 years
Conditions contributing to the death but not related to the disease or condition causing death.	ilis	1 gears
Conditions contributing to the death but not	ilis	20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.	Elis	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	CITY OF TOWN) (COUNTY)	Yes No B
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No B
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bldg., etc.) OF office bldg., etc.)		Yes No B
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No B
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		Yes No B
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While		Yes No B
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	HOW DID INJURY OCCUR?	Yes No P
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While		Yes No P
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY INJURY OCCURRED OF OF INJURY INJURY OCCURRED OF INJURY INJURY OCCURRED OF INJURY INJURY OCCURRED OF INJURY INJURY OCCURRED OF INJURY IN	HOW DID INJURY OCCUR? 1941., to May 241951, that I last se	Yes No P
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	HOW DID INJURY OCCUR? 1941., to May 241951, that I last se	Yes No P
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY INJURY OCCURRED OF While at Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from Alive on May 22. 1951., and that death occurred at 1.	HOW DID INJURY OCCUR? 1941, to May 241951, that I last se	Yes No E
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work 22. I hereby certify that I attended the deceased from alive on May 25.1., and that death occurred at 1.1.	HOW DID INJURY OCCUR? 1941., to May 241951, that I last se	Yes No P
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY INJURY OCCURRED OF While at Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from Alive on May 22. 1951., and that death occurred at 1.	HOW DID INJURY OCCUR? 1941., to May 241951, that I last se	Yes No E
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF OF OFF OFF OFF OFF OFF OFF OFF OFF	HOW DID INJURY OCCUR? 1941, to May 241951, that I last so 12:25/m., from the causes and on the date sta ADDRESS Taloma Park, Mel.	Yes No EXTRACT. (STATE) aw the deceased ated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While of INJURY Not Work 22. I hereby certify that I attended the deceased from alive on 19b. MAJOR FINDINGS OF OPERATION 24. I hereby certify that I attended the deceased from SIGNATURE (Degree or title) 25. BURIAD CREMATION DATE THEREOF NAME OF CEMETER	HOW DID INJURY OCCUR? 1941, to May 241951, that I last so 12:25/m., from the causes and on the date sta ADDRESS Taloma Park, Mel.	Yes No EXTRACT. (STATE) aw the deceased ated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on May 22, 1951., and that death occurred at SIGNATURY (Degree or title)	HOW DID INJURY OCCUR? 1941, to May 241951, that I last se ADDRESS Taloma Park, Med.	Yes No EXTRACT. (STATE) aw the deceased ated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on May 19. At work 19. At work 19. Attended the deceased from SIGNATURE (Degree or title)	HOW DID INJURY OCCUR? 1941, to May 241951, that I last se ADDRESS ADDRESS Taloma Park, M.f. RY OR CREMATORY LOCATION (City, town, or count; cursion)	Yes No EXTRACT. (STATE) aw the deceased ated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work (Degree or title) 23. BURIAD CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? 1941, to May 241951, that I last so 12:25/m., from the causes and on the date sta ADDRESS Taloma Park, Mel.	Yes No EXTRACT. (STATE) aw the deceased ated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While of INJURY Not Work At work 22. I hereby certify that I attended the deceased from alive on May 22, 1951, and that death occurred at SIGNATURE 23. BURIAD CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) Specify DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? 1941, to May 241951, that I last se ADDRESS ADDRESS Taloma Park, M.f. RY OR CREMATORY LOCATION (City, town, or count; cursion)	Yes No EXTRACT. (STATE) aw the deceased ated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work (Degree or title) 23. BURIAD CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? 1941, to May 241951, that I last se ADDRESS ADDRESS Taloma Park, M.f. RY OR CREMATORY LOCATION (City, town, or count; cursion)	Yes No EXTRACT. (STATE) aw the deceased ated above. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While of INJURY Not Work At work 22. I hereby certify that I attended the deceased from alive on May 22, 1951, and that death occurred at SIGNATURE 23. BURIAD CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) Specify DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? 1941, to May 241951, that I last se ADDRESS ADDRESS Taloma Park, M.f. RY OR CREMATORY LOCATION (City, town, or count; cursion)	Yes No E (STATE) aw the deceased ated above. DATE SIGNED



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05018

eg. Dist. No. 2/6

I /		
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	=
MARYLAND MARYLAND	STATE Mary land COUNTY On t gome r	У
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR the state of the st	CITY (If outside comporate limits, write RURAL and give nearest town) OR TOWN Silver Solicoa	
HOSPITAL OR	STREET (If rural, five location)	
INSTITUTION OR SUburban Associal	ADDRESS 11500 FRANQUIEW Avenue	_
3. NAME OF DECEASED (Middle) DECEASED (Type or Print) BARY Le BY	(Last) 4. DATE (Month) (Day) (Yes	ar)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify) (WDD 77)	8. DATE OF BIRTH 9. AGE last hirthday Wunder I year If under 24 Months Days Hours Months Month	Lhon
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry	11. BIRTAPLACE (State or foreign country) 12. CITABLE NO P WE COUNTRY?	HARIA
13. FATHER'S NAME	14. MOTHER'S MAIDEN WAME	
GEORGE LEE LANGLEY	Dorothy ELIZABETH LAUGhlin	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) [(Il yes, give war or dates of service)]	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	_
	INTERVAL BETWE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA	HTA
Immediate cause (a) frematurity		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		
15 1 stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		_
Conditions contributing to the death hut not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	I AA AYIMARAYA	
19E. DATE OF OPERATION 18B. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT	
	Yes 🖟 No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE (NJURY)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work \(\begin{array}{cccccccccccccccccccccccccccccccccccc	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/9	195/ to 5/10 195/ that I last saw the decrees	.3
		u
alive on 5//0, 19.7, and that death occurred at 6		
SIGNATURE (Degree or title)	ADDRESS Silve St. DATE SIGNE	D
1300 HR. 120 11-	1 1 1 - B 7 5/1/-	
/ Velden / , / Clap /1150 - 1/5		
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)	
Crema XXXXX 5/11/51 Ruburtu		1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
REG. 5-15-51 Resie In Thompson	angles C. Manry Dust.	
20-706/102/10		=
20509/23/3/3		



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PLEASE

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

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correct

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05019

DDRESS

Reg. Dist. No. 2/6 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Mont gomere Montgomery MARYLAND Maryland CITY (If outside corporate fimits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town) (in this place) OR thesda HOSPITAL OR INSTITUTION OR STREET (If rural, give location) Dital STREET ADDRESS usur Gan DRIVE 3. NAME OF (First) (Middle) (Last) (Month) (Day) (Year) DECEASED 6/1208e+h (Type or Print) pham DEATH 19 57 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday If under I year | If under 24 hrs. WIDOWED, DIVORCED Months | Days | Hours | Min. 20 an. 24 (Specify) 10a. USUAL OCCUPATION Give kind of work done during most a working fife, evon if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? 4.5. acramento 14. MOTHER'S MAIDEN 13. FATHER'S NAME danham zabeth 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT AND CODRESS (Yes, no, or unknown) (If yes, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not More related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No N 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from / Man, 1951, to 21 Man, 1951, that I last saw the deceased , and that death occurred at 10:35 P.m., from the causes and on the date stated above. alive or Ma SIGNATURE (Degree or title) DATE SIGNED May 5 23. BURIAL, CREMATION REMOVAL (Socily) DATE THEREOF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

M. FUNERAL BUREOTOR

approved via phone by Medical Examiner De Broschart Hubert Marting



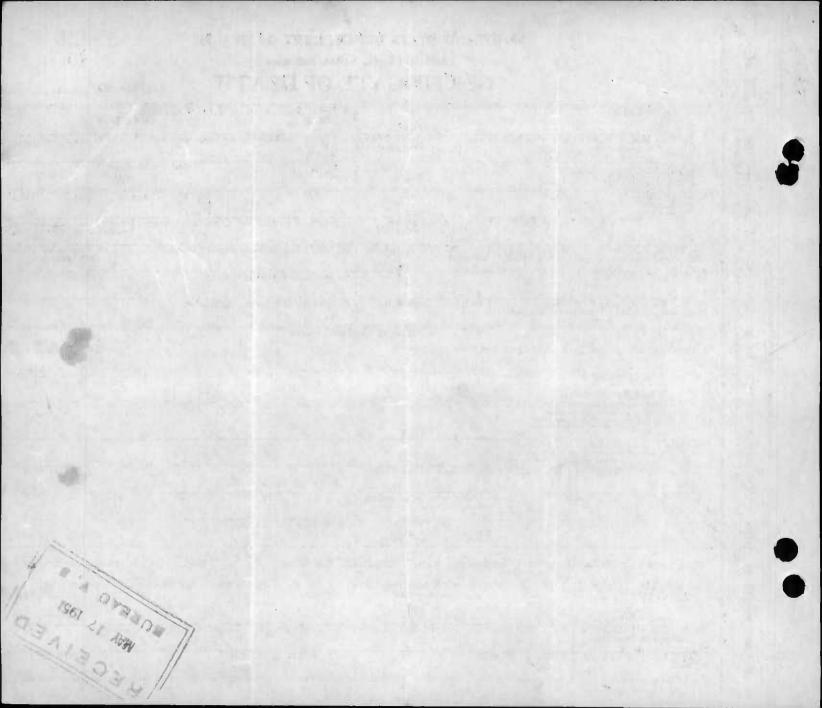
2411 N. Charles Street, Baltimore

		CERTIFICAT	TE OF DEAT	TH Reg.	Dist. No	
OR give neares TOWN HOSPITAL OR	corporate limite, write RUI t town) A Kouna Po	sanixarini El Hoch.	STREET	rate limits, write RUR.	COUNTY AL and give nea	rest town)
3. NAME OF DECEASED (Type or Print)	Charles	Middle) Baynard	(Last) L'Aer	OF	Ionth) (Da	
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last hirthday	If under 1 year	
done during most of	ATION (Give kind of work working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	WIL MAN TO MAIDEN	or foreign country)		TRY? USG.
15. WAS DECEASED E	skev	S7 16. SOCIAL SECURITY No.	Florence Can 17. INFORMANT AND Hospital Red	ADDRESS		
Immediate Antecede Diseases or glying rise to	onditions directly te cause nf cause(s) conditions, if any, to the above cause underlying cause last (c)	18. MEDICAL CE LEADING TO DEATH browles fre glioblas form		1 Stugeral		ERVAL BETWEEN AND DEATH A days I glen
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing des	th.			1 20	AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	50 rieva	ding Sl'oblassou ACE (flows, farm, factory, street, office bldg., etc.) URY	19 57 right 7	temporal loc	COUNTY)	(STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CUR?		
alive on	tay 14, 19.5, a C Brewe CATION DATE THERE CITY 5-17-	51 RAME OF CEMETE	ADDRESS Takerua ORY OR CREMATORY Matte	Park LOCATION (City, toy	e date stated D	above. ATE SIGNED (State)
DATE REC'D BY REG.	/	SIGNATURE	24. FUNERAL DIRECTO	OR 2	AI	DDRESS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

PLEASE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05021

of Diet No. 2/6

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
Maryland Maryland	l'laryland l'lont.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givo nearest town) Bethesda (in this place)	OR OR
	TOWN Chery Chase
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS 4504 beland 54
STREET ADDRESS ON DUY ban Hospilal	
3. NAME OF (First) (Middle)	(Last). 4. DATE (Month) (Day) (Year)
(Type or Print) UIDUIG Seall	TIGHT DEATH MAY 11 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED. DIVORCED. (Specify) Married.	S. DATE OF BIRTH 9. AGE last hirthday Funder 1 year Hunder 24 hrs. Jan. 23, 1905 46 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Housewite	primite deorges co., Mary land! u.s.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
tranklin Deall	I Ella Virginia Meade
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no. or unknown) (Il yes, give war or dates of Not. Known	Joseph Maphis Same
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
0 0 10 P	
Immediate cause (a) -> fullminary in	whilin . Rt lung 6 hr.
	below. Rt. humisphere. 36 In.
gring has to the above cause	diases & Febrillation + Hypertiff 3 8 mg.
11. OTHER SIGNIFICANT CONDITIONS	o was a final of the same of t
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	I How DID INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, At work	HOW DID INJURY OCCUR!
22 I hereby certify that I attended the deceased from	, 1947., to 17 may, 1957, that I last saw the deceased
	- 4.5
alive on	ADDRESS DATE SIGNED
	engition Rd Betherda Mrd 17 may 61.
	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Specify 5-19-51 Mt. Hebero	n Winchester, Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5-20-51 Ressio M. Thompson	Robert A. Rumphy on Bethesda, Maryland



2411 N. Charles Street, Baltimore

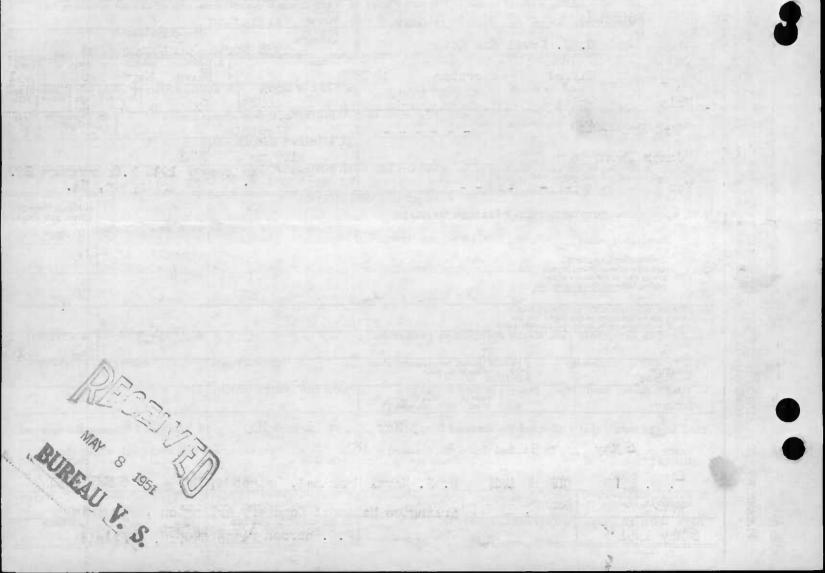
CERTIFICATE OF DEATH

115022

Reg. Dist. No. 215

VELLIL

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
Montgomery MARYLAND	Virginia	ngton
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN Betnesda (rural) LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give OR	nearest town)
	TOWN Arlington	
HOSPITAL OR INSTITUTION OR II S News Userital	STREET (If rural, give location)	/
STREET ADDRESS U. S. Naval nospical	1938 North Courthouse Ro	ad
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Elifel Thornton MATE	DEATH May	6 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Married	1 4 ADELL LOYZ 59 Vrs. 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Not obtained	Virginia	COUNTRY? US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Thornton MATEER	Alverna FOUR'INEY	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 1938 N. Cou	rthouse Rd.
(Yes, no, or unknown) (If yes, give war or dates of Yes service) 5-23-18 to 1-8-19	Wife: Rachel V. Mateer Arlington,	Va.
18. MEDICAL CER		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14.	1/1
Immediate cause (a) un faccion	Coronay artery	4 days
Interestant course(s)	~	0
Antecedent cause(s) Diseases or conditions, if any, (b) throwbox	Coronay artery	4 days
giving rise to the above cause stating the underlying cause last	A 0	
73d Welie sche	votre heart disease	1 year
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 3. May	, 1954, to 6 May, 19.54, that I last sa	w the deceased
alle on May	26 P m from the service and on the data at-	had alama
SIGNATURE) (Degree or title)	ADDRESS	DATE SIGNED
W. Grev		
		у 1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	(State)
Burial (May 9, 1991 Arlington Nat	tional Cemetery Arlington , Virgi	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Washington St	ADDRESS
6 May 1951 Eleth Whitlington	O.C. Pearson Falls Church, Virgin	ia 13. 2.6



05023

Reg. Dist. No
MARYLAND 2. USUAL REVIDENCE (HOME) OF DECEASED. COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) OR give nearest town) TOWN TOWN TOWN CITY (If outside corporate limits, write RURAL and glv) nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give location)
3. NAME OF DECEASED (Type or Print) (Middle) (Middle) (Middle) (Middle) (Middle) (Middle) (Middle) (Year) (Month) (Day) (Year) (Year) (Middle) (Mid
SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVARCED, WIDOWED, WIDOWED, DIVARCED, WIDOWED,
10a. USCAL OCCUPATION (Give kind of work done during most of warning life, even if retired) INDISTRY 11. BALTHPLACE (State or foreign country) 12. CITIZEN, OF WHAT COUNTRY?
13. FATHER'S NAME NEW YORK HOLL HOLL OWN Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of Security No. Collected Evans (Aarghly)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION ONSET AND DEATH ONSET AND DEATH
Immediate cause (a) Cerebro vascular Embolism 4 mess
Antecedent cause(s) 442 X Diseases or conditions, if any, (b) Probable Carcinoma (see over)
13 10 stating the underlying cause last (c) Nemiplegia 4 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hy portantial Cardio Revail disease 19a. DATE OF OPERATION 179b. MAJOR, FINDINGS OF OPERATION 19b. DATE OF OPERATION 179b. MAJOR, FINDINGS OF OPERATION 19c. DATE OF OPERATION 179b. MAJOR, FINDINGS OF OPERATION
Joseptalized Kuburban in Betherda Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Home) (Def office bidg., etc.) INJURY (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?
OF INJURY m. Work At work 2
22. I hereby certify that I attended the deceased from
alive on 19.7, 19.7, and that death occurred at Company, from the causes and on the date stated above. SIGNATURE DATE SIGNED
23. PURIAL, CREMATION DATE NAME OF CEMETERY OF GREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FONERAL DESCRIPTION ADDRESS.
REG. 62-57 Sextrude B Lawley Coff. L. Surviden For knille
720126 ond.

The probable carcinoma diagnosis was purely conjectoral. 6-26-51 - ams.

BUREAU V. S.

1961 9 NOC

BECEINED

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05024

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
1/10ntoomena/ MARYLAND	
OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR	STREET (If fural, give location)
INSTITUTION OR STREET ADDRESS Juhunban Nospita	ADDRESS 4110 Fessenden St. N.W.
3. NAME OF DECEASED (First) (Middle) Ma	Mac do and de
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE iast birthday Junder 1 year Huder 24 hrs. Months Days Hours Min.
done during most of working life, even if retired) lob. Kind of Business or INDUSTY. S. GOV.	Washington, D.C. 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Donald Macdonald	Jessie Green
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of None	Florence Piter Macdonald - wife
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET, AND DEATH
m	
Immediate cause (a)	Marin Va.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	is Pericadila
(c) realities //	allitus y Henna
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from June.	, 19.4.4., to May 22, 195.1., that I last saw the deceased
alive on 5 - 22, 1951, and that death occurred at 9. (Degree or title)	ADDRESS DATE SIGNED
P. P. andrews M. A 11	askenger A.C 5-22-51
DUMOVAI (Consilie)	In Cem. Location (City, town, or county) (State) Pr. George's Co. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/23/51 REGISTRAR'S SIGNATURE REG. 5/23/51 REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS S.H. Hines Co. 2901 - 14th St. D.C.
a	7

SA STORICE AND SELECTION

WRITE

PLEASE

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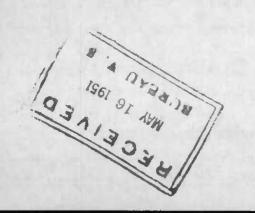
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05025

Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE Macyland CITY (If outside corporate limits, write RURAL and OR give nearest town) MARYLAND Montgome CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN TOWN hase HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 4201 Gast-Usest (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Year) DECEASED canor (Type or Print) avin DEATH 195 9. AGE last hirthday | Munder | year | If under 24 hrs. | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 5. SEX III under 24 hrs. (Specify) wi dowed 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? aleich 4.5. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME zubeth tohnson 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 4705 29th Pl. 4.W. Wash service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗍 No B PLACE (Home, larm, lactory, street, OF office hldg., etc.) INJURY 21. AGGIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work INJURY At work 19/1, to // May, 19 that I last saw the deceased 22. I hereby certify that I attended the deceased from .m., from the causes and on the date stated above. alive on. (Degree or title) ADDRESS DATE SIGNED DATE THEREOF NAME OF CEMETERY LOCATION (City, town, or county) 23. BURIAL, CREMATION (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL ADDRESS



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

050262/3

CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATI			2. USUAL RESIDENCE (I	HOME) OF DECEASED.	Y
	ntgomery	MARYLAND	Marara	na	Montgomery
OR give nearest TOWN	rorporate limits, write RURA t town) Rockville	L and LENGTH OF STAY (in this place)	Town Rockvi	ate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R E Nosth Ad	ams Street	STREET ADDRESS 5 Nor	(If rural, give location) th Adams Stree	t
3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) V. Mc	(Last) Farland	J. DATE (Month) OF DEATH May	(Day) (Year) 31 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) WIOOWED	8. DATE OF BIRTH 11-4-1862	9. AGE last birthday If under Months.	1 year If under 24 hrs Hours Min.
done during most of the	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Loudoun Coun	ty, Virginia	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	George M. F		14. MOTHER'S MAIDEN	Ellen C. S	tout
15. Was DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES? (If year, give war or dates o service)	None	Hattie B. Mc	ADDRESS It Farland-daught	em 2 er-see /
	onditions directly	18. MEDICAL CE	RTIFICATION Solution		INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause	-CC- Gran		***************************************	17990
334X Anteceder	nt cause(s) conditions, if any, (b)	Hyperleux	ion /		
giving rise t	to the above cause underlying cause last	ANTINO -	Sclerosia	5	
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing death	1.	и не в при при при при при при при при при при	Paul Communication of the Comm	***************************************
		INDINGS OF OPERATION			20. AUTOPSY?
-	(0)		COVIDE OF C	MOWAY) (GOVINIMA	Yes No No
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR	
22. I hereby cert	lify that I attended the	deceased from. Man.	7, 19 5 1, to Muss	43,119.5.(., that I last	saw the deceased
alive on	19.51, and	d that death occurred at: (Degree or title)	ADDRESS	causes and on the date st	tated above. DATE SIGNED
Carey	Devlace	R m D	1801	age st.	5,31.51
23. BURIAL, CREM REMOVAL (SPE	ei(y) 6-3-195	Rockville	Union		Maryland
DATE REC'D BY	. 111	S. Eelsentlde	Robert a Jun	ybhreyBethesda,	Maryland
				11	

BUREAU V. S.

ISSI DI NOC

BECEINED

05027

2411 N. Charles Street, Baltimore

,	CERTIFICAT	E OF DEAT	H Reg.	Dist. No. 223 -
1. PLACE OF DEATH- COUNTY Montgamery CITY (If outside corporate limits, write RU. OR give nearest town) TOWN La. Koma Park HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington	23 days	2. USUAL RESIDENCE (STATE Mary la CITY (If outside corpor OR TOWN 5;) UCT STREET ADDRESS \$2.07	rate limits, write RURA	AL and give nearest town
3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 10a. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired. 13. FATHER'S NAME 13. FATHER'S NAME	(Middle) NONC 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) LILLA LALL 10b. KIND OF BUSINESS OR INDUSTRY Deat of Lastice	(Last) M: //c / 8. DATE OF BIRTH 9-25-66 11. BIRTHPLACE (State Maryland 14. MOTHER'S MAIDEN Margare +	4. DATE (M OF DEATH M POEATH M PAGE last birthday 8 4 yrs. or foreign country) N NAME	onth) (Day) (Year) A
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or date service)	ES? 16. SOCIAL SECURITY NO. 18. MEDICAL CE	MISS LOUISE ME	ADDRESS	Fenton St. SS. Md.
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)			una	Interval Between ONSET and Deate 30 Rays
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Papellary adeur	ova y Pr	Bladder	2 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de 19s. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION	a + Ina	enteri	2 nunths
21. ACCIDENT (Specify) PL SUICIDE (ACCIDENT) OF	ACE (Home Assoc factory, street,	(CITTOR	Pantale (C	Yes No E
HOMICIDE (Day) (Year) (Hour) OF INJURY m.	While at Not While	HOW DID INJURY OF	CCUR?	
22. I hereby certify that I attended to alive on				
25. BURIAL, CREMATION DATE THER REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAN	NAME OF CEMETE		LOCATION (City, fow Prince Geo. OR	
REG. 3 30-51 4-110	Turn detal	Elbruer to Gumpl		Spring, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age



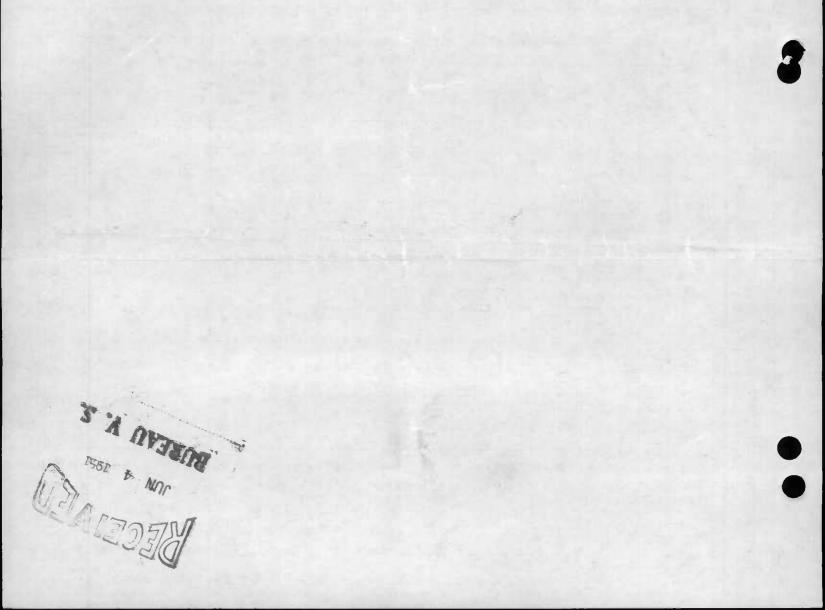
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05028

Reg. Dist. No. 216

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Montagnery MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Bethesda (in this place)	TOWN Washington D.C.
HOSPITAL OR	STREET (Harral, give location)
INSTITUTION OR STREET ADDRESS Suburban	ADDRESS 3,00 Connecticut Ave. n.w.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Farol Marie	Miller DEATH May 30 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min.
T (Specify)	1 Mug. 13,1900 30 yrs. 1
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Dept.	Indiana Country U.S.
13. FATAER'S NAME	14. MOTHER'S MAIDEN NAME
John Crumlers	?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	Ophn W. Miller (husband)
18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1/1/20-16	2. weeks
Immediate cause (a)	
1/5 /. (Antecedent cause(s)	111 111111111
Diseases or conditions, if any, (b)	Richery degease (Vilotelal) Lefeline
133 giving rise to the above cause atating the underlying cause last	
(c)	V
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	thigh t sendle ansenua
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
TORN DATE OF CONTRACTOR OF CON	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No ☐ (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(OILLOW LOWN) (COONTL) (SINIE)
HOMICIDE INJURY	L MANU DED THATTHE AGGIVES
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	*
To the state of th	10 16 MI 30 5 10 171
22. I hereby certify that I attended the deceased from.	, 19. 49, to May 30, 19. 5 that I last saw the deceased
alive on hus 36 1951, and that death occurred at	.g
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1 500	3/M Com 1100 5/21/11
John Dolan Mil	3/00 Com and 5/30/51
	CRY OR CREMATORY LOCATION (City town, or county) (State)
REMOVAL (Specify) 6-2-51 Broaden	elle en Broksville Jela
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26 FUNERAL DIRECTOR DDRESS
REG. 6/1/5/ Bessie M. Thompson	110al June 10 the 701 Distance Concerce
The survey of the survey of	TO THE TOTAL OF THE PARTY OF TH
	Wash Ar



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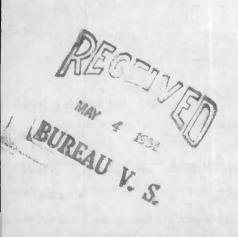
2411 N. Charles Street, Baltlmore

05029

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	V1.
MARYLAND MARYLAND	mareland	Montgany
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR (in this place)	CITY (IL gutside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED ANNA	MOYER DEATH MAY	1 1957
6. COLOR OR RACE 7. SINGLE MARRIED.	8. DAVE OF BIRTH 9. AGE iast hirthday If under	l year II under 24 hr
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWES, DIVORCED, (Specify) Massay	MAY 12 1876 7 4 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. Kind of Business or Sont during most of working life, even if gettred) Industry		COUNTRY?
Domistic Ohn Home	Manyong of Ma	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Le
John Williss	Reamon A Rick	ello
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, negor unknown) (If yes, give yer or date of	17 NFORMANT AND ADDRESS	/
service) 2	Learge D. Moder Woodfield	/my
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH		ONSET AND DEATE
1 Hora leins 1	Lineans	341000
20/X Immediate cause (a) / VVV		
Antecedent cause(s)		(
Diseases or conditions, if any, (b)	** *** *** *** *** *** *** *** *** ***	
stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
158. DATE OF OTBIANION		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	10113 May 1 51	
22. I hereby certify that I attended the deceased from VIVE 1.0	, 19.7.2., to	aw the deceased
alive on April 30 , 1951 , and that death occurred at 9	: 30 Aim. from the causes and on the date at	ated above
SIGNATURE: 1 Pegree or title)	ADDRESS	DATE SIGNED
James J. Kerr Mill.	Domascuo, Md+	5/3/3/
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24-FUNERAL DIRECTOR	ADDRESS
REG. 2/6/4/ //O ADA ON B	Red ach A to	ADDRESS
may 3,1937 Varella M. Wurdelle	Just in warmen a opening	und
	1'	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

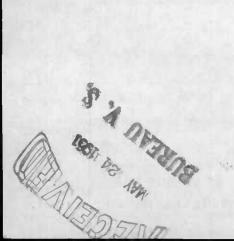
CERTIFICATE OF DEATH

Reg. Dist. No. 211

CITY (if outside corporate limits, write RURAL and property town) TOWN RUPSAL OR BARBOUS HOSPITAL OR INSTITUTION OR STREET ADDRESS NAME OF COLOR OR RACE NAME OF COLOR OR RACE Male White White Wildle White Wildle	I. PLACE OF DEATH COUNTY MONTES	H. Omerv	MARYLAND	2. USUAL RESIDENCE (R	IOME) OF DECEASI	COUNTY		
ADDRESS STREET ADDR	CITY (If outside c	orporate limits, write RUR	AL and I LENGTH OF STAY	OB (II outside corpora	to minte, white KOKE	L aod give	nearest town	1)
DECEASED Crype of Print) 5. SEX Male White Wilder Markied Wilder Wilder Wilder Markied Wilder	HOSPITAL OR	R		STREET DOD A		ocation)		
Male White White Who was a second to the deeth but not stating the underlying cause last who was a stating the underlying cause last last cause last cause last last cause last last cause last last last cause last last cause last last last last cause last last last last cause last last last last last cause last last last last last cause last last last last	DECEASED				OF			(Year)
10. USUAL OCCUPATION (give kide of work of mother with the profile of the dose during mother with the profile of the dose of the profile of the dose of the profile of the dose of the profile of the profil	5. SEX	6. COLOR OR RACE	17 SINGLE MARRIED	8. DATE OF BIRTH	9. AGE last birthday	If under	year If unde	r 24 hrs.
John J. Mullinix 15. Was Decreased Ever in U.S. Armed Forcess? (Yes, no., of Conknown) [If yes, give war or dates of none 18. Medical Certification 19. Medical Certification 19. Myocardial Insufficiency - Terminal 2 yrs 420. Antecedent cause (a)-Myocardial Insufficiency - Terminal 2 yrs 420. Antecedent cause(s) Diseases or conditions, If apy, (b)-Hypertension (b)-Hypertension (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 13. DATE OF OPERATION 13. ACCIDENT (Specify) SUCIDE HOMICIDE NO 11. MURY OCCURRED OF Office bidgs, etc.) TIME (Month) (Day) (Year) (Hour) Injury occurred at Not While at Not While of Not While at Not While of Not W	done during most of w	orking life even If retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. C	CITIZEN OF	WHAT
IS. WAS DECRASED EVER IN U.S. ARRED FORCES? (Yes, no, Ordenkown) [service] the war or dates of none								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Myocardial Insufficiency - Terminal 2 yrs (b) Hyportension String rise to the success of conditiona, it any, string rise to the success of conditiona, it any, string rise to the success of conditiona, it any, string rise to the success of conditiona, it any, string rise to the success of conditiona, it any, string rise to the success of conditiona, it any, string rise to the success of conditiona causes and success of conditiona causes and success of conditiona contributing to the death but not related to the disease or condition causing death. Inguinal hernia ? 25 yrs 25 yrs 18. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE NO OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at Not While			9 1 16 Contac Opposit No.					
Immediate cause (a) Myocardial Insufficiency - Terminal 2 yrs 420 Antecedent cause(s)	(Yes, no, or unknown)	(If yes, give war or dates	of	Mrs Roscoe	Purdum, Da	mascu	s, Md.	,
Immediate cause (a) Myocardial Insufficiency - Terminal 2 yrs (b) Hypertension Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions causing death. Inguinal hernia 7 25 yrs 25 yrs 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) OF Office bldg, ctc.) TIME (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY (STATE) (While at Not While Work At work 19, 19, 51, that I last saw the deceased of Attended the deceased from Dacembang 27, to May 19, 19, 51, that I last saw the deceased of ADDRESS M. MCKendree Boyer, M. D. David Theatre Building, Damascus, Md. 5/21/51 23. BURIAL (REMATION) DATE THEREOF (AME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)			18. MEDICAL CE	RTIFICATION				
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inguinal hernia ? 25 yrs related to the disease or condition causing death. Inguinal hernia ? 25 yrs Inguinal hernia Inguinal hernia PLACE (Home, farm, factory, street, (CITY OR TOWN) INJURY INJURY INJURY OCCURRED OF INJURY INJURY INJURY INJURY OCCURRED OF INJURY IN	I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inguinal hernia ? 25 yrs related to the disease or condition causing death. Inguinal hernia ? 25 yrs Inguinal hernia Inguinal hernia PLACE (Home, farm, factory, street, (CITY OR TOWN) INJURY INJURY INJURY OCCURRED OF INJURY INJURY INJURY INJURY OCCURRED OF INJURY IN	Immediate	a a a a a a a a a a a a a a a a a a a	Togondial Inqui	oficiency - Te	rminel		2 Tra	
Disease or conditions, if any, giving rise to the above cause attaining rise rise to the above cause attaining rise rise to the disease or conditions contributing to the death but not related to the disease or condition causing death. Inguinal hernia ? 25 yrs 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSY! None 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) NOTH OF office bidg., etc.) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Not While Work At work At work At work 19 19 51, and that death occurred at 7:10 p.m., from the causes and on the date stated above. DATE SIGNED M. MCRENDTEE BOVER. M. D. DRUID Theatre Building, Damascus, Md. 5/21/51 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	11001	~						
3 a stating the underlying eause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition eausing death. Inguinal hernia ? 25 yrs 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE NO INJURY Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, HOMICIDE NO INJURY Yes No 22. I hereby certify that I attended the deceased from December 19.27, to May 19, 19.51, that I last saw the deceased 22. I hereby certify that I attended the deceased from December 29.27, to May 19, 19.51, that I last saw the deceased 23. BURIAL, CREMATION DATE THEREOF AMME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	720/ Anteceder	ii cause(s)					10 vrs	
Conditions contributing to the death but not related to the disease or condition causing death. Inguinal hernia 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION None 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (Specify) OF Office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Not While at Not While	giving rise to	the above cause	Aper cens ron		0. T T T T T T T T T T T T T T T T T T T			-
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE NO OF office bldg., etc.) INJURY (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Work At work 22. I hereby certify that I attended the deceased from Docombons 27, to May 19, 19.51, that I last saw the deceased of the open of the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED M. McKendree Boyer M. D. Druid Theatre Building, Damascus, Md. 5/21/5] 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	Conditions contribu	ting to the death but not	h. Inguinal her	nia		ŀ	? 25 y	rs
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, UCITY OR TOWN) (COUNTY) (STATE) SUICIDE NO Office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Docombons 27, to May 19, 19.51, that I last saw the deceased of the country of the causes and on the date stated above. SIGNATURE OF CEMETERY OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State)	19a. DATE OF OPE			a es				
oF INJURY m. Work Not While 22. I hereby certify that I attended the deceased from December 27, to May 19, 19.51, that I last saw the deceased elive on May 19, 19.51, and that death coursed at 7.10 p.m., from the causes and on the date stated above. SIGNATURE M. McKendree Boyer. M. D. Draid Theatre Building, Damascus, Md. 5/21/51 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	SUICIDE	NT OF	office bldg., etc.)	(CITY OR T	OWN) (C	OUNTY)		
M. McKendree Boyer. M. D. Druid Theatre Building, Damascus, Md. 5/21/5] 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	OF		While at Not While	HOW DID INJURY OCC	CUR?			
M. McKendree Boyer. M. D. Druid Theatre Building, Damascus, Md. 5/21/5] 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	22. I hereby certi	fy that I attended the	e deceased from Decemb	ens.27. to May	9 19 51 that	I last say	w the dece	hase
M. McKendree Boyer. M. D. Draid Theatre Building, Damascus, Md. 5/21/5] 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) (State)								aocu
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) (State)	SIGNATURA	: Kendre	Degree Trie	ADDRESS			DATE SIG.	
	23. BURIAL, CREM.	ATION I DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town	s, Ma, or county)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS					Damascus			
May 21, 1951 Della W. Burdutto Olin L. Molesworth, Damascus, Md.	2244		a W. Burdutle			amasc	us, Mo	i.

VS. A15

555409



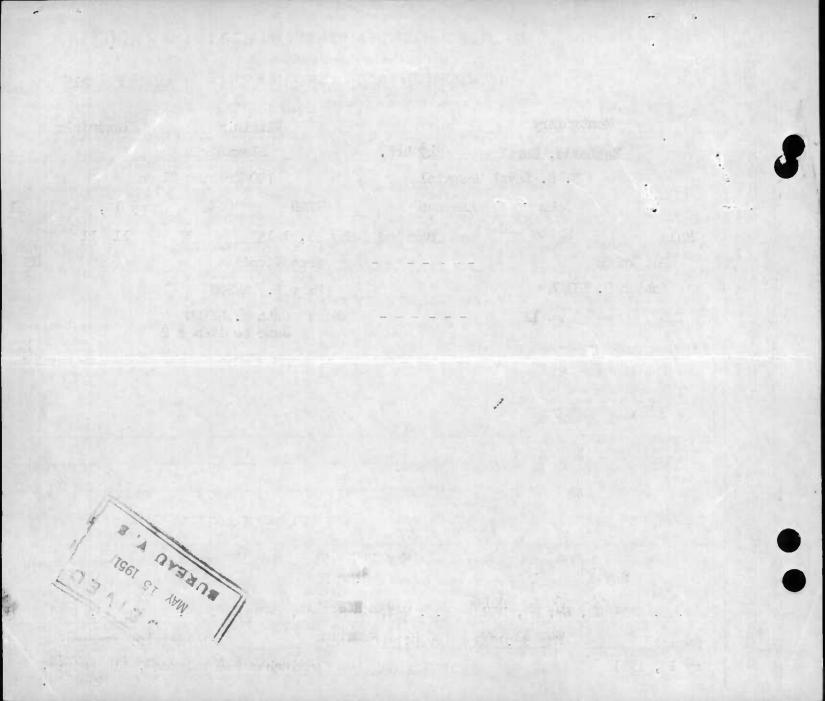
05031

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

I. PLACE OF DEATH COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE STATE Virgi	(HOME) OF DECEASED. COUNT A Lexi	andria
CITY (If outside or	orporate limits, write RUR town) ethesda, Rura	AL and LENGTH OF STAY (im this place)	C1TY (If outside corpo	prate limits, write RURAL and give xandria	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		1 Hospital	STREET ADDRESS 700	(If rural, give location) Braxton Place	/
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Frint)	John	Sherman	NIXON	OF May 12	, 1951
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	May 31, 1913	9. AGE last birthday If under Marths	1 year If under 24 hrs. Hours Min.
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	West Virgi		COUNTRY? US
13. FATHER'S NAM	E		I4. MOTHER'S MAIDE	N NAME	
	B. NIXON		Mary L. WA	TSON	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (II yes, give war or dates (service) WW II	7 16. SOCIAL SECURITY No.	Wife: Ruth H	ADDRESS NIXON	
			RTIFICATION Same a	1 1 tom # 2	,
I. DISEASES OR CO	NDITIONS DIRECTLY		willow Dame e	is roem # 2	INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	SARCOMA, FIRST, S	second, and Third	Thoracic Vertebra	2 1/2 years
	nt cause(s)				
	conditions, if any, (b)		*****		
556 stating the u	nderlying cause last	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Conditions contribu	(c) CANT CONDITIONS sting to the death but not se or condition causing death	h			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes X No []
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR	TOWN) (COUNTY)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby certi	ify that I attended th	e deceased from May 11	, 1951, to May	12, 19.51, that I last's	aw the deceased
alive on Ma	y 12 ,1951 , ar	d that death occurred at. 3	:40 P m., from th	e causes and on the date st	ated above. DATE SIGNED
	unun				
A. L. MARI	LAND, LT, MC,		HOSPITAL, BETH		3, 1951
23. BURIAL, CREM. REMOVAL (Spec Burial	ATION DATE THERE May 15.			LOCATION (City, town, or coun Alexandria, Vi	
DATE REC'D BY		SIGNATURE)	24. FUNERAL DIRECT	OR	ADDRESS
May 13, 195		whettenate		Funeral Home, Ale	xandria,
		0		VUVVIV	irginia.



2411 N. Charles Street, Baltimore

05032

CERTIFICATE OF DEATH

Reg. Dist. No. ...2

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ONE TERM FRY MARYLAND	STATE MARYLAND MONTCOMERY
CALLY AND	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR
TOWN HYATTSTOWN 38 YRS, HOSPITAL OR	TOWN HYATTSTOWN STREET (If rural, give location)
INSTITUTION OR	ADDRESS (If Fural, give location)
STREET ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) EDWARD LIVINGSTON N	ORWOOD DEATH 5- 18- 1954
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
MALE MINITE (Specify) MARRIED	8-25-1874 76 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If year, give war or dates of]	
NO service) & 12 17	CARMYE F. NORWOOD,
18. MEDICAL CE	PTIFICATION
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
C. 6.0	10 m n 4 a 2 . 3 - 40 a
Immediate cause (a)	
33/X Antecedent cause(s)	
SOIX Antecedent cause(s)	100000000000000000000000000000000000000
Diseases or conditions, if any, (b)	ACCIOCCE 10 12
83a giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	1944-00000000000000000000000000000000000
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
2 /5	0 10 0/
22. I hereby certify that I attended the deceased from Vee	1946, to May 18, 1951, that I last saw the deceased
0 10 1	
alive on May 18, 1957, and that death occurred at	ADDRESS.
SIGNATURE (Degree or title)	DATE SIGNED
Emech P. Road Miss.	Thew market mg. may 18 1954
23. BURIAL, CREMATION DATE NAME OF CEMETER	DY OR CREMATORY I LOCATION (C)
23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	
1 30-170/ PROSIL	Thordend KEMPIOWN MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5719/51 della 47, Usuroult	W. L. BURDETTE HYATTSTOWN-M.
	410808



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

(15(133) 214 Reg. Dist. No. 273-

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MONTE COME MARYLAND	STATE COUNTY	L STOLL
CITY (If outside cortorete limits, write RURAL and OR give nearest town) (in this piace)	CITY (If outside coporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR OPEN DELICATION OF STREET ADDRESS OF COMPANY OF STREET ADDRESS	STREET ADDRESS 7 20 Dentarrouth	ave, /
3. NAME OF DECEASED (Type or Print) Coma Elyahette O	(Last) 4. DATE (Month) OF DEATH OEATH	(Day) (Year)
6. QOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE iast birthday If under	l year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work plane during most of working life, even if retired) 10b. Kind of Business or Industry Industry		CITIZEN OF WHAT
Bengran F. Bock	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, aurknown) (If yes, give war or dates of service)	17. INFORMANT	
18. MEDICAL CEI	POWERCATION (
	MINICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/.	ONSET AND DEATH
Immediate cause (a) Pem	phigus 1 Arteriosclerosis .	Lweels
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	1 Arteriosclerosis.	640
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	. *	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NOM C INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY At WORK	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1957, to	w the deceased
alive on	ADDRESS and on the date sta	ted above. DATE SIGNED
Meeten J. White, M.D. 775	- Georgia Ove Selves ying had	7 hg 51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER (REMOVAL Specify) may 10,195-1 Carelown	Cemelley Cavatown	The (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/8/5/ Umanda Deure	24. FUNERAL DIRECTOR J. SASCIA SONO KYALLAN	Les lus
-95) (come) J. Hilliam Dell. Rug	Patter	

This patient has been under the case of In John Noger since June 1950. I pronounced justient dood while taking his calls. Thay '51 Meeter 2. Whit. his -

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05034

CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery		
CITY (If outside corporate limits, write RURAL and CENGTH OF STORY) OR give nearest town) Olney	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring		
HOSPITAL OR Montgomery County General STREET ADDRESS HOSPITAL, Inc.	STREET (If rural, give location) ADDRESS		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
DECEASED (Type or Print) Mary Powell	Pierson OF May 11 1951		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) Widowed	8. DATE OF BIRTH 9. AGE last birtbday If under 1 year If under 24 brs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working life, evon if retired) DOMESTIC			
18. FATHER'S NAME Melvin Sylvester Powell	14. MOTHER'S MAIDEN NAME Jose hine Hackett		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Hospital records		
	CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE		
Immediate cause (a) Vueuria	3 days		
HIGX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 13/a/ stating the underlying cause iast Recursion:	udisvocales rend desion 8 yes		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?		
	Yes No 🖸		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, a OF office bldg., etc.) HOMICIDE INJURY	reet, (CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?		
	at 6140 q.m., from the causes and on the date stated above. ADDRESS DATE SIGNED Sound, Therey, Mad. 5/11/51		
	ETERY OR CREMATORY LOCATION (City, town or county) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS		
5-14-57 Gerlinde B Lawley	16. 4. Answala, Joekville, ma.		
	720826		



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05035

og Diet No. 2/6

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY M
MARYLAND MARYLAND	Marylana Mon,
CITY (If outside corporate limits, write RURAL and LENGTH OF STA' OR give nearest town	OR
HOSPITAL OR	TOWN Mensing ph
INSTITUTION OR SUBUY ban	ADDRESS 3211 Ferndale St.
3. NAME OF DECEASED (First) DOSO A Mayia	Police (Last) 4. DATE (Month) (Day) (Year) OF ATH May 4 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9. AGE iast birthday Runder 1 year If under 24 hrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Glve kind of work 10b. Kind of Business of	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working We, evon If retired) INDUSTRY	bucca, Italy COUNTEY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME (
NICCI	unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS HOSPITAL RECORDS
18. MEDICAL (CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
V	13/1 / 1/1/
Immediate cause (a) \ \textstyle \textstyle \ \text	1 ? I eventy the my want white
Antecedent cause(s)	11 4 6/01
Antecedent cause (a) Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of the condition causing death. PLACE (Home, farm, factory, street of the condition causing death.)	Ljorn / truly
108 stating the underlying cause last (c)	Ini Gulard Lura
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? ,
	Yes D No th
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
(h)	16 51 5 410
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, streeth of the bidg., etc.) SUICIDE OF office bidg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While INJURY Mat work 22. I hereby certify that I attended the deceased from P. V	1951., to 5 45, 19, that I last saw the deceased
alive on 5/3/5/1, 19, and that death occurred at.	10:55 Am., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
of well flund -	D. Kerry on My 5/4/51
REMOVAL (Specify) 5-7-5 NAME OF CEMENT OF COLOR	ret Com. (State) Washington (City), town, or county), (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5-5-51 Bessie m. Thompson	The S. H. June Co- 290/ 14th HIW
	WASHIPYTON D. C

MARGIN RESERVED FOR BINDING

The correct age

S. AIG



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05036

Reg. Dist. No. 211

/					
1. PLACE OF DEATH- COUNTY Montgomery MARYLAND		2. USITAL RESIDENCE (HOME) OF DECEASED. STATEMARYLAND COUMNOT COUNTY OF THE COUNTY OF			
CITY (If outside	corporate limits, write RURA it town) IMEBCUS	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus		
HOSPITAL OR INSTITUTION O STREET ADDRE	OR ESS		STREET (If rural, give location) ADDRESS		
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
(Type or Print)	Hepsie	Gertrude	Poole	OF DEATH M	ay 15 1951
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) I GOWED	June 2,1875	9. AGE last birthday 75 vm.	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) 12.		12. CITIZEN OF WHAT
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN NAME		
Colum	bus Purdum		Amanda	Warfield	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates of service)	none	Roger F. Po	ole, Damas	cus, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
10 20211020 010 0		hterioschotic	. 1	1 1	
Immedia	te cause (a)	Meriodelevice	cardiovascul	or airear	10 years
1107 Lantacada	ent cause(s)				
Diseases or	conditions, if any, (b)	**********************	***************************************	# 7 ***********************************	V
	to the above cause underlying cause last				
1300	(c)				
Conditions contrib	FICANT CONDITIONS buting to the death but not use or condition causing deat	h. Bronchopour	mariès		2 days.
		INDINGS OF OPERATION			Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown) (C	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cer	tify that I attended the	deceased from Septa	0, 1941, to May	15., 1951., that	I last saw the deceased
alive on Mc	w 15 1051, an	d that death occurred at	7:007:m., from the	causes and on the	date stated above.
SIGNATURE	the J. Ke	er Mil	Domacus,	Md.	5/17/51
23. BURIAL CREM BUILDIAL (Spe		NAME OF CEMETE		Kemptown,	n, or county) (State) Maryland.
Mayer REC'D BY			24. FUNERAL DIRECTO	R	mascus, Md.

MAY 21 1951

2411 N. Charles Street, Baltimore

05037

Items 8, 9 on:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

MIND G 1 ZOMAY 14 10Kg		
1. PLACE OF DEATH. Menly oning MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	money.
CITY (If outside corporate limits, write WRAL and LENGTH OF STAY OR give nearest town	OR OWN Change of ark	ive nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS (ash . Lan o) for p.	STREET (14 (Il rurh, give oration)	4
3. NAME OF Mary Magdalene (Middle) Mary Magdalene	(Last) 4. DATE (Month) OF DEATH MAY	(Day) (Year)
5. SEXUM 6. COLOR DE RACE 7. WINDER, MARRIED. WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE by birthday II whole Months	I year If under 24 hrs Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. (KIND OF BUSINESS OR LIFE STRY)	Nashvelle en	COUNTRY! OF WHAT
13. PATHER'S NAME Mattimore	14. NOTHER'S MAIDEN NAME Kell	4.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	1
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
TO DISEASES ON CONDITIONS DEVISIONS TO DESIGN		1
Immediate cause (a) Dron cho fou	elemonia - orbunuttent ou	1. 35 dags.
Man of Antecedent cause(s)		ladau.
Diseases or conditions, if any, (b) giving rise to the above cause		
61 stating the underlying cause last (c) Che Qeq. hay o	cardetes Cur. fibrelation	13 yes
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	tea meletus.	>
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office-bldg., etc.)	(COUNT)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
/-	5/1/25-/	
22. I hereby certify that I attended the deceased from	19.30, to 19.50, that I last	saw the deceased
alive on floy 1 105 , and that death occurred at	ADDRESS and on the date s	stated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1 / 1 / h = 0 - hur) 30	Carrolleve Tahoma ash	6-1 5/1/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
DERROYAL (Specific)	emetery Glashinator	2.0
DATE REC'D BY LOCAL REMETRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 5-1-51 7-11 Mm 2001	Various Mallers, 254 Course	12/24/
		6. 7. AC
	U Was	magin OC.

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05038

1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF D	ECEASED.
CITY (If outside corporate fimits, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (If outside comporate limits, write	PHILATE MANAGEMENT
OR give nearest town	(in this place)	OR TOWN Rockville	S RUKAL AND GIVE DESIGNE SOWN)
HOSPITAL OR INSTITUTION OR SUB-	Mary fal	STREET (If rura	l, give location)
STREET ADDRESS & 6 00 0	Lengeltown Id	Min 8 12 ccanda	ontooneen las.
3. NAME OF (First)	(Aliddle)	(Last) 4. DATE	(Month) (Day) (Year)
DECEASED (Type or Print)		Richetty DEATH	5 2 1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,		irthday If under 1 year If under 24 hr
Jamale Prolite	WIDOWED, DIVORGED, (Specify)	(Illaid) 1894 57	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work)	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign count	
done during most of working life, even if retired)	Industrial	Maryland	COUNTRY? US A
I3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Wallace E. Ricket	ts	Emma L. Mullica	an
15. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	None	Mrs. Estelle Hartle	ev-Rockville. Md.
AV.	IS. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN
II DEBENDED ON CONDENSION DESCRIPTION	Jan Diagram		ONSET AND DEATH
Immediate cause (a)	Johanna		48 hrs
6700			A
Antecedent cause(s) Diseases or conditions, if any, (b)	wechowie	eal obstruction	- 10 classo)
/ 2 giving rise to the above cause	***************************************	element - delet a g.a. Playelle a	The same of the sa
stating the underlying cause last	201.		18 1
II. OTHER SIGNIFICANT CONDITIONS	unicer		To gra,
Conditions contributing to the death but not	· hintako.	Time ife.	
related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR R		orac sure	1 20. AUTOPSY?
4.25.51 Severe	A A	Italia data	06.
	CE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY) (STATE)
SUICIDE OF INJU	office hidg., etc.) JRY	(6117 613 16 114)	(COUNTY (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While Not While	HOW DID INJURY OCCUR?	
INJURY m.	Work At work		
22. I hereby certify that I attended the	descend from 4'24'	5/10 40 5.7- 5/10	Abat Y last and the last
alive on 5, 19, an	d that death occurred at.		on the date stated above.
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John V. Kobben	M.D. 793	Deorgie une Silver	bring hal 5251
28. BURIAL, CREMATION DATE THEREO			ity, town, or county) (State)
Burial (Specify) 5 May 1	951 Rockville	Union Rockvil	lle. Montg.Md.
DATE REC'D BY LOCAL REGISTRAR'S		24 FUNERAL DIRECTOR	ADDRESS
REG. 5/4/5/ Bessie	m. Thompson	Robert W. Rumbare	WBethesda, Md.
			4

BUREAU V. S.

0

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Correct age

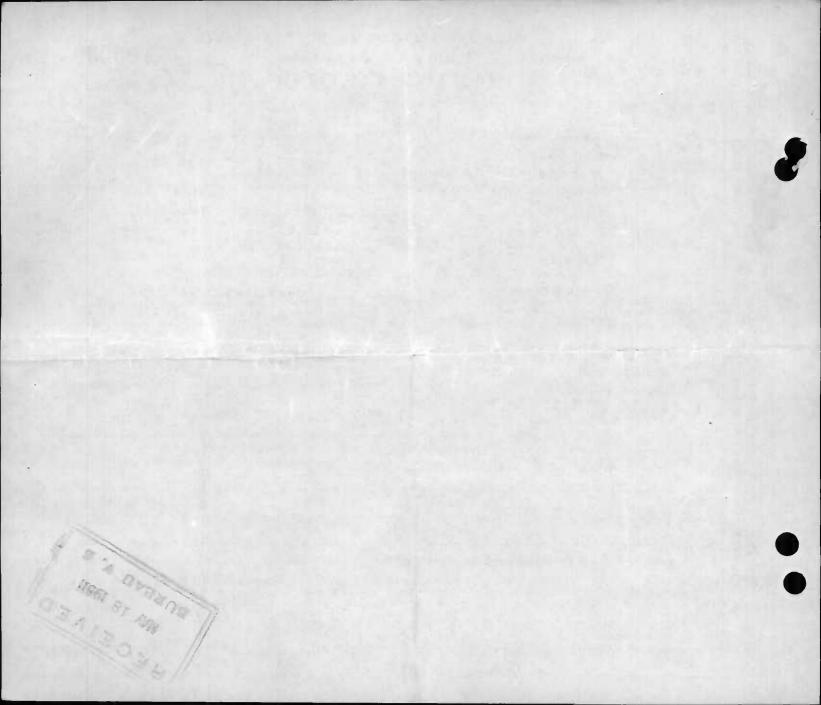
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

05039

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	1.		2. USUAL RESIDENCE (HOME) OF DECEASED.	JTV
Mor	tgomery	MARYLAND	Marylan	.d	Montgomery
OR givo nearest		AL and LENGTH OF STAY 8 (in this place)	II AD	rate limits, write RURAL and sburg, Md.	give nearest town)
HOSPITAL OR	Olney	10 days	STREET	(If mural give location	
INSTITUTION OF STREET ADDRESS	Montgomery Co	ounty General	ADDRESS Route	2	
3. NAME OF	Hospital, Inc.	, Oin (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Mary	V.	Ross	OF May	11 19 51
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, **HOWED, DIVORCED, (Specify) 17: 3	May 26,1876	9. AGE last birthday If und	der 1 year If under 24 hrs. hs Days Hours Mln.
10a. USUAL OCCUPA done during most of w	ATION (Give kind of work Wingside area of retired)	(Specify) United on 10b. Kind of Business on Industry	11. BIRTHPLACE (State Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAM	Tr.	home	14. MOTHER'S MAIDEN	I MAME	0.00
	Charles Stewar		Sarah Eliza	abeth Frazier	
15. WAS DECEASED EV	/ER IN U.S. ABMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(100, 50, 01 02 02 03	service) IIO		Hospital	Record	
		18. MEDICAL CE	RTIFICATION		1
I DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
1. 220211020 014 00		1 1 1			ORBEI AND DWALE
Immediate	(a)	Mestre le	orre.		Zdans
THINGUAN	Cause			***************************************	
5/AV Anteceden		0 20-			3
alutur alex he	conditiona, if any, (b)	cervees		***************************************	
./220 stating the u	nderlying cause last				
7 00 0000	(c)				
Conditions contribu	CANT CONDITIONS	aperter on for	Incuerd	2) smetilice 1	Topand
related to the disease	e or condition causing deat				1 20. AUTOPSY?
M 21 C			Munic		20. AUTOFSIT
2/2/2					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (COUNT	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?	
INJURY	m.	Work At work			
22. I hereby certi	fy that I attended the	e deceased from 5/3/	, 19.57 , to 57 11	/, 19.57., that I last	t saw the deceased
	. /				
alive on SIGNATURE	19.5, an	d that death occurred at./. (Degree or title)	ADDRESS	e causes and on the date	DATE SIGNED
	X Mont	mosandy	88-	m	3/12/51
23 BURIAL CREM. REMOVAL (Spec	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or ec	unty) (State)
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO	or approvedle	ADDRESS A
REG. 515	-51 bestr	ude B Lawly	R.L. Snau	rden, Rock u	elle, med.



N Sorree

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE !

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05040

Reg. Dist. No. 2/8

mg

	iteg. Dist.	
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	eva « P
MARYLAND	maryland	mondas
OR give nearest town (in this place)	CITY (If outside corporate limits, write RURAL and OR	give nearest town)
10WN Commer Orenard I class	TOWN MT. Gerry	
HOSPITAL OR INSTITUTION OR 4 3	STREET (Ithural, give location)	
STREET ADDRESS Jaither by 12.7.		
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
5. SEX 16. COLOR OR RACE 17 SINGLE MARRIED	reces DEATH Mac	
6. SEX 6. SELOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday II und	er I year II under 24 hrs B Days Hours Min.
10. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR Jone during most of working life, everyll retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	WUT
All Ilia aR bl.	West of the state	1
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	17
(Yes. no, or unknown) (If yes, give war or dates of 2/5-2/-3029	me tt. O Be Il	
18. MEDICAL CE	PTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
The state of the s		ONSET AND DEATH
Immediate cause (a) Coronary occ	hisin	sudden
Antecedent cause(s)		death
Diaeases or conditions, if any, (b)		100000
940 giving rise to the above cause stating the underlying cause last		
(c)		77 75440
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No E
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	utopsy , Inspection Inquiry thereon and	d from the evidence
from: natural causes , accident , suicide , homicide ,	undetermined	y opinion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
2 1 /8 1 1 1 1 1 1	U. I I mil	
23 BURIAL CREMATION DATE THEREOF NAME OF CEMPTE	RY OR CREMATORY LOCATION (City, town, or cou	5-17-51
(REMOVAL (Specify) have 1 h /G / 1		unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24 TUNERAL DIRECTOR	ADDRESS
REG. 2 1/151 / D	25 JUNERALI DIRECTOR	ADDRESS
May 10,1931 Cellina J Corke	IN WIND WIND I ON	morrelle



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05041

1 BLACE OF DEADLE	
1. PLACE OF DEATH- COUNTY MONT COMPREY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MORE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside perperate limits, write RURAL and give nearest town)
OR give nearest town) SETHESSA \$14 (in this place)	OR TOWN BETHESOA
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR #7E. CECAPELANC	ADDRESS # 7 EAST CEDAR LANC
3. NAME OF (First) (Middle)	(Last), 4. DATE (Month) (Day) (Year)
(Type or Print) This PRICE STATE STA	CANTLING OF DEATH Resy 15, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. DEC 25/858 Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10s. Kind of Business or dope fluring most algorithm life year if the life in the lif	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? US A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DENNISON REESIDE	*ACHAEL HEMOR
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS GIDI-FORAL
(Yes, no, or unknown) (If yes, give war or dates of service)	MRJ, BARTLEY D, YEESIDE Rd.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Ala	, , , , , , , , , , , , , , , , , , , ,
Immediate cause (a) Chronic cong &	still heart fallore due to I was
443X Antecedent cause(s) Diseases or conditions, if any, (b) Anterior eller	does and 10x years
93d stating the underlying cause last (c) Hypertenu	10+ years.
G. OBILED STOLITSTOAMS CONDITIONS	tegia with roridual complete suabet 1550
terated to the disease of condition causing death.	right vided borning soulet 1950
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
22. I hereby certify that I attended the deceased from act	, 1950, to May 15, 1951, that I last saw the deceased
alive on May 14 195/ and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE, (Degree or title)	ADDRESS DATE SIGNED
and agreement,	300 Dent Rl. Mer Masho May 15,1951
REMOVAL (Specify) DATE THEREOF NAME OF CEMETER OF CHAPTER OF CEMETER OF C	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-15-5 Bessie M. Thompson	24. EUN RAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS AND ADDRESS ADDRE
	The state of the s
	3 90 916



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05042

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	STATE Mangley COUNTY many
OR give negrest town) CITY (If outside corporate limits, water RURAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Jakan Vach	TOWN Selection
HOSPITAL OR INSTITUTION OR	STREET ADDRESS Que (di rural, give location)
STREET ADDRESS Wark. San. + Horf.	ADDRESS 9141 Sligo Creek Kknow
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) Year)
(Type or Print) Robert Sugar Scho	OFFS 7214 DEATH May 16 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday 1 under I year If under 24 bra
WIDOWED, DIVORCED, (Specify)	11-9-26 2 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BOSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even it retired). INDUSTRY	Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Sch. Hstall	Lamane Sum
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of yes	Hap. records
18. MEDICAL CE	RTIFICATION
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) erebral laces	ating & subdural
Diseases or conditions, if any, (b) flucture to crack	of Rt Thoracic homorrhage 15 her
giving rise to the above cause 186 a stating the underlying cause last	
4 (a)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Selien Shina M. to hard
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURA OCCUP?
OF While at Not while	3.11 26.12
	Vaca pana (Wo)
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	utopsy x, laspection , Inquiry thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased diell on the dry stated above, and death in my opinion resulted
from: natural couses , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
SIGNATURE (Decree of this)	ADDRESS DATE SIGNED
Trank J. (Iwee hant m. 1)	. Turkenling my 5-16-51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (Specify) 6/18/51 Arlington Na	tional Cemetery Aflington, Virginia
DATE REC'D BY LOCAL REGISTRARY SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5-17-57 J # # MM WOULD	Whener & Tumphy 8434 Georgia Ave. 564244
	Silver Spring, Maryland
V .	Oliver Spring, Maryland



CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

	Reg. Dist. No	0
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	STATE Maryland COUNT	monto
CITY (If outside corporate mits, write RURAL and LENGTH OF STAY	CITY (If outside of porate limits, write RURAL and given OR	ve nearest town)
Town give nearest town) (Nr. Seneca (in this place)	TOWN Betherda	
INCTITUDION OR	STREET (If rural, give location)	/ -/
STREET ADDRESS Near Seneca. Maryland	Mat. Justitute of the	tealth
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
_ (Type or Print) // lark Jerry	chults DEATH May	26 ? 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Monus	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hr
male while (Specify) Minus	1 11-4, 1077 J1 ym. 1 6	Days Hours Min
108. USUAL OCCUPATION (Give kind of work 10b. Kind of Rusiness of	II. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
Dr. U.S. Public Health Industry	Oxford, Ohio	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Orange W. Schultz	Elizabeth Owens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS] 410 - 16t	h St., N.W
(Yes, no, or unknown) (If yes, give war or dates of None	Ruth P. Schultz- Washington	. D. C.
18. MEDICAL CE	RTIFICATION	Tanana Danana
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE
Immediate cause (a) Andeterment	- Found dead in woo	
Diseases or conditions, if any. (b) giving rise to the above cause stating the underlying cause last	3 suce may 20, 145-1	no 60 00 00 homelin gines listish kimich timich samo noti s
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	Yes No () (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not while work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural courses ☐, accident ☐, suicide ☐, homicide ☐,	utopsy , Inspection X, Inquiry thereon and ased died on the day stated above, and death in my undetermined .	from the evidence opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
t- 10 /2 1 1 m	1 - 1	
23, BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ashering mo	10-6.51
REMOVAL (Succiful	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Cremation 10-8-1951 Cedar Hill	Prince George	Maryland
	T CA. PARINERS AND THE P. C. L. ISSEE TO THE TOTAL PROPERTY OF THE P. C. L. ISSEE TO THE TAX PROPERTY OF THE P. C. L. ISSEE TO THE P	A LITTERS S
REG. 10 19 151 19 100 100 100 100	Raliant O Vinachary Beth	2003-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

correct M

BUREAU V. S.

The correct age

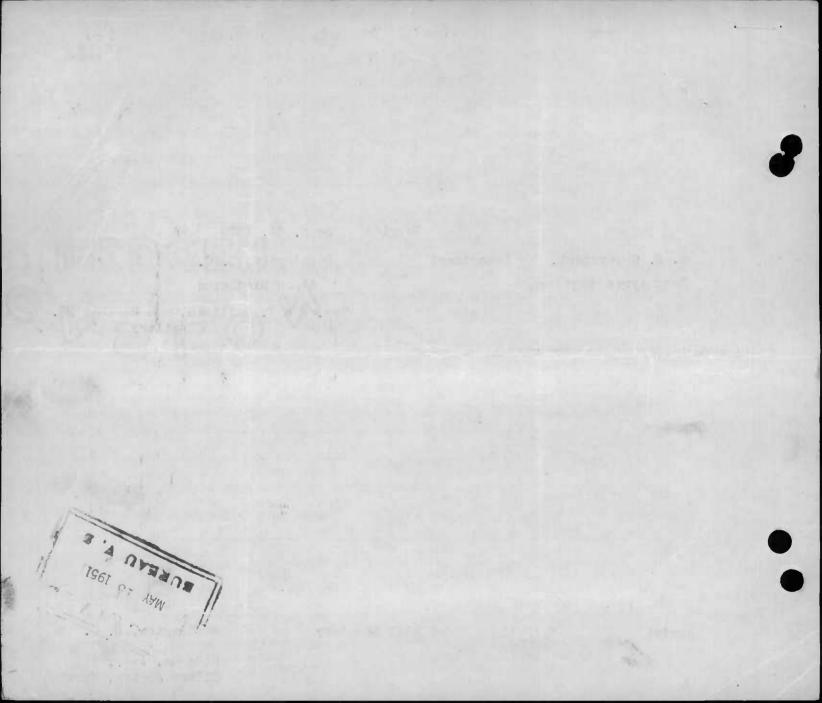
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05043

Ē/	COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
6.	montgomery MARYLAND	STATE MALY STATE COUNTY	mart
55	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give	nearest town)
gib	TOWN Da Kning Park	TOWN Silver Spring -	md
le	HOSPITAL OR INSTITUTION OR A	STREET (If repel give logition)	
nd	STREET ADDRESS DIN Trays IT TO LOSD	ADDRESS 9930 - Markam S	+
tio y a	3. NAME OF (First) (Middle)		Day) (Year)
na arl	(Type or Print) Wesley Middleton	SKILLMAN DEATH MAN	0 1957
cle	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	18. DATE OF BIRTH 9. AGE last birthday IVunder 1 3	204
Supply every item of information carefully write the causes of death clearly and legibly.	male white WIDOWED, DIVORCED, (Specify) Married	Sept. 21. 1878 72 yrs. Months L	Days Hours Min.
of	the Hellar Occupation (Classical Land Control		CITIZEN OF WHAT
E d	dons during most of working life, even if retired in Universe to Covernment war Department	Co	UNTRY?
s o	13. FATHER'S NAME	Washington D. C. 14. MOTHER'S MAIDEN NAME	SA
use use	Enos Ayres Skillman	Alice Middleton	
Sa Ve	15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
he	(Yes, no, or unknown) (If yes, give war or dates of none	Mrs. Ada P. Skillman, 9930 Markham	St.
ply e t	18. MEDICAL CE		
g.E	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	OTTAGE OPIN	WINTERVAL BETWEEN
0 3			ONSET AND DEATE
INK. please	Immediale cause (a) Sodium I	loride barrow	3
Za	47/7		
C3 83	/ // (/ Antecedent cause(s) Diseases or conditions, if any, (b)		
an	giving rise to the shove cause	7 mm d	DG G G G Anglessophia aprili A. Quinted-mijologh appens, wash a ter
Sic	/636 stating the underlying cause last		
UNFADING nt. Physicians:	II. OTHER SIGNIFICANT CONDITIONS		
Za	Conditions contributing to the death but not		
with Unimportant.	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		no ATIMODOSTA
T.T.	THE OF OF ENATION 1995, MAJOR PHYDRINGS OF OFERATION		20. AUTOPSY?
WITH	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No No
N. E.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
7.3	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
Zig	OF While at Not while	now bib inject occord	
Ped	INJURY m, work at work		
PLAINLY is especially	22. I certify that I took charge of the remains described above, held an I	Autopsy [], Inspection y, Inquiry : thereon and from	om the evidence
E . E	outlined by said Autopsy, Inspection or Inquiry, and that said dece	cased died on the day stated above, and death in my or	inion resulted
WRITE	from: natural causes , accident , suicide , homicide ,	undelermined	DATE GIGNED
=	SIGNATURE A (Degree of title)	TODRESS 11 '- 0	DATE SIGNED
=	Truck & Drownhack M.	1). Huthenham me	5-10.51
(A)	23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county)	(State)
PLEASE	Burial (Specify) /5/12/51 Oak Hill Cem	etery Washington, D. C.	
LE	DATE REC'D BY LOCAL RECISTRAL SINATURE	24. FUNERAL DIRECTOR	ADDRESS
۵.	REG. 572-51 J. Hum Vota	Vebruer & Punshen 8434 Ga. Ave.	
		Silver Spring Ma	rwland



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05044

Reg. Dist. No 2/8

1. PLACE OF DEATH	STATE COUNTY	
Monttoney MARYLAND	Marshand	Montgond
OR give nearest to the limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN Cural to Deliver of Med all his place)	TOWN Chical Decrewood M.	9
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last), 4. DATE (Month)	(Day) (Year)
(Type or Print) OHN HENRY	MITH DEATH MOL	7 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday II under 1 Chril 1/872 7 9 778.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) [(li yes, give war or dates of	The AND ADDRESS	
(bervice)	Malinda Justell Dur	2000 300
18. MEDICAL CE	RTIFICATION	Y
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
9		8
Immediate cause (a)	mus \	INC
Intinodiate cause	- 0 1 '0 '	and the same
Antecedent cause(s)	seefed whereveren gen	year
Diseases or conditions, if any, (b)	10 http://doi.org/10.00000000000000000000000000000000000	
9 3 stating the underlying cause last		0
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	~	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Van CI NIA
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		(SINIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	A-1
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	1950 to 5/7 195/ that I last as	w the deceased
The state of the s	~ ~	
alive on	ADDRESS ADDRESS	ated above. DATE SIGNED
Cofficien Mil	Touly Spring, Mid.	5/9/51
REMOVAL (Specify) March 12 190 MT	ERY OR CREMATORY LOCATION (City, town, or county	y) (State)
DATE REC'D BY LOCAL RICHTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REGENTAL TO A STATE OF THE STAT	Red ur Bashers et	01
Jaly Journa Nixell	ind in remainable organis	will year
		/



2411 N. Charles Street, Baltimore

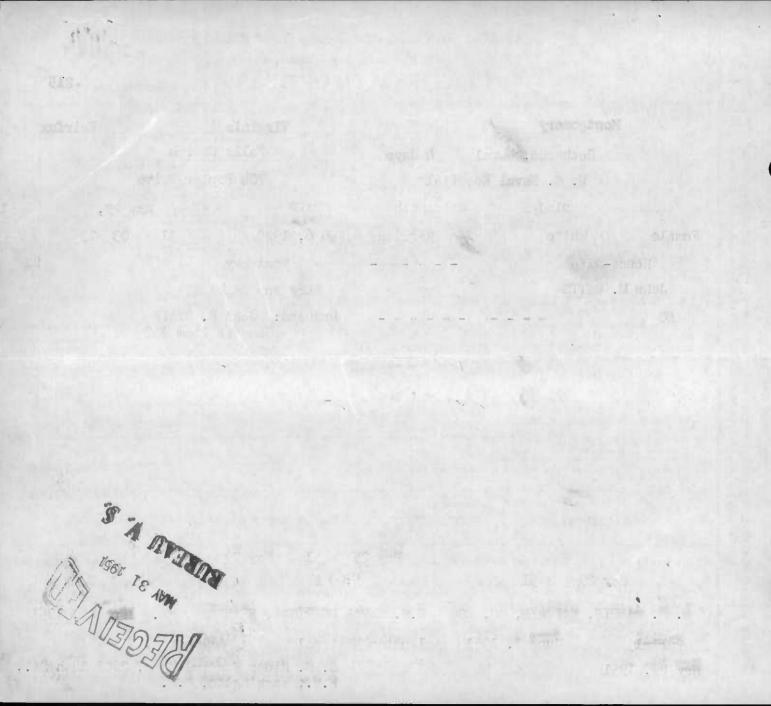
05045

CERTIFICAT	E OF DEATH Reg. Dist. No.	215
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Montgomery MARYLAND	STATE	70 - 1 - 10 - 1
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Virginia CITY (II outside corporate limits, write RURAL and give	rairiax
OR give nearest town) TOWN Bethesda, Rural (in this place)	Town Falls Church	e nearest town)
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS U. S. Naval Hospital	ADDRESS 704 Poplar Drive	b
3. NAME OF (First) (Middle) DECEASED	OF	- (Day) (Year)
(Type or Print) Glacy's Elizabeth	STAPP DEATH May 29.	19 5
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 1 9. AGE last hirthday I If under	1 year IIf under 24 he
Female White WIDOWED, DIVORCED, (Speelfy) Married	Feb 6, 1920 31yrs. 103ths	23 Hours Min
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY HOUSE-WILE	Kentucky	COUNTRY? US
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	00
John W. WATTS		
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	Lucy Ann GALLAWAY 17. INFORMANT AND ADDRESS	
(Yes, ng, or unknown) (If yes, give war or dates of		
NO iservice)	Husband: John B. STAPP	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) (75 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)	Tox homomoge	INTERVAL BETWEEN ONSET AND/DEATE 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office hidg., etc.) HOMICIDE INJURY	(CITT OIL TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m, Work At work		
22. I bereby certify that I attended the deceased from May 25	, 19 51, to May 29, 19 51, that I last so	aw the deceased
alive on May 29 , 1951, and that death occurred at	ADDRESS and on the date sta	ated above. DATE SIGNED
L. M. HARRIS, CAPTAIN, MC, USN U.S. NAVA	L HOSPITAL, BETHESDA, MD. May	29, 1951
DEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
Burial June 1. 1951 Ariington N	lational Arlington, Virgi	nia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 29, 1951 Eleth whittenston	S. H. Hines Funeral Home, 2901	. Hith St.,
	N.W., Washington, D.C. 1498	Sucetx

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

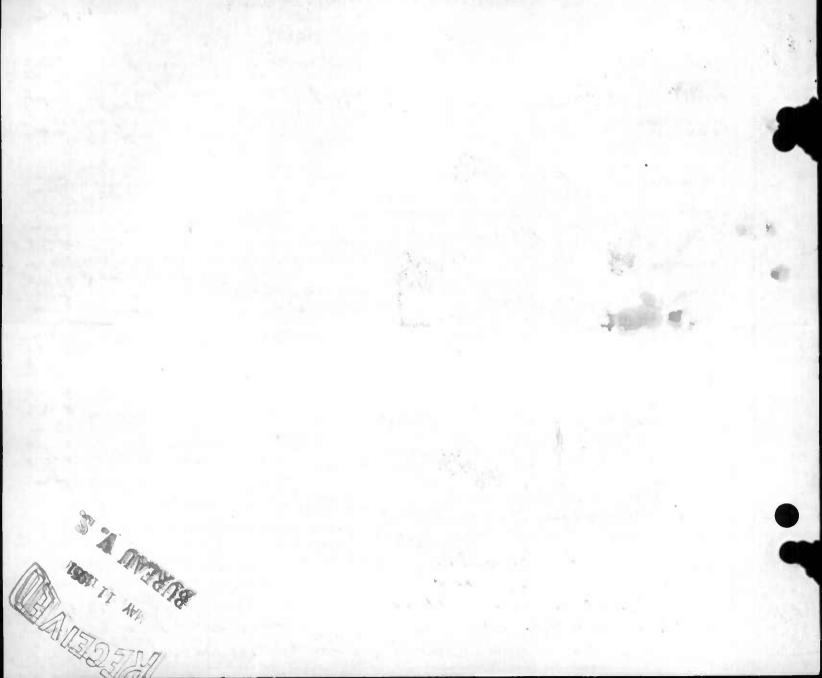
VS. A15



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbork infants give residence of mother)
County	County Martin
City or town	Mural - Selver Spring.
How long in above place of death?	() I outside city or town limits, write RVRAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Home cur Coacl
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Helen Cotelle	Alrout. 578-32-478
4. Sex 5. Color or fice 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fem walled	20. DATE DE DEATH 3 / 5 / 15 / 21 / 10 F
(6.6) Name of husband or with as care. Van Strout-	21. I CERTIFY that Wath occurred on the date above stated; that I attended degraced from
	7/8/1950 10 3/8/1957
7. Birth date of Man 1 9 2 4	and that I last saw h. Laalive on
deceased (mo., day, yr.) May 1904 8. AGE: Years Months Days If less han one day	Immediate cause of death
46 111 19 hrs. min.	1010 3/24/21
Land, hal well	
9. Birthpiace(Twn, county, and state)	Due to Violable . Recondary.
10. Usual occupation.	Due to
11. Industry or business	1 may my value
12. Hame W. / / lam telelinus Woby: 13. Birthplace Bellaville mel	Diher conditions but further work up used
13. Birthplace Beltsville high	(Include pregnancy within 3 months of death)
14. Maiden name ucretia Elizabeth Onunda	Major findings of operations long and how Heells
14. Maiden name Cucretia Elizabeth Donunda .	Major findings of operations. Date of op. 4.76.3
18. Informant Mus. L. E. Nichola.	Autopsy results.
Address 4000 Ingraham Hy allowell had	PHYSICIAN: Please underline the cause to which death should he charged statistically.
0	22. VIOLENCE: death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereol (month) (pay) (year)	Accident, suicide, or homicide
Gemetery or crematory. To Mencella	Where did injury occur? (City or town) (County) (State)
Location Bladensburg Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director, Deal Luneral Home	Means of Injury ipported at work?
Address 4812 Da Que Zu	House of / man of O
P. L. D.	23. SIGNATURE M. D. or other /
19. Trances Saller	Address land and thomas land had signed 18/51



PLAINLY, WITH Us especially important.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY CITY (If outside corporate limits, write RURAL and MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY give nearest town) (in this piace) TOWN I akoma Park TOWN Silver Spring HOSPITAL OR INSTITUTION OR STREET (If rural, give location) STREET ADDRESS Washington San. + Hospita Warten Street 3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) (Type or Print) lava Virginia DEATH May 1956 5+4665 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR RACE 9. AGE last birtbday | If under 1 year | If under 24 hrs. 8. DATE OF BIRTH 10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired)

13. FATHER'S NAME Months | Days | Hours | Min. 4-3-1860 (Specify) WILOW
10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland
14. MOTHER'S MAIDEN NAME U.5 A H manda Dai manda Bal 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) 00, O Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No 🗆 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) ace Horne INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Fell to con s sally INJURY Work At work 22. I hereby certify that I attended the deceased from 5/12, to 5/23, to 5/23, that I last saw the deceased 19.51., and that death occurred at 2.45. Q.m., from the causes and on the date stated above.

DATE SIG alive op 5 1.22 SIGNATURE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY LOCATION (City, town, or county) BULT 81 (Specify) Forest, Glen Maryland 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL RECISTERAL'S SIGNATURE ADDRESS Bethesda, Md.

In re arribert from Lyther East. 6/20/57

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEAT COUNTY	н.		2. USUAL RESIDENCE			,	
Mc Mc	ntgomery	MARYLAND	Washin	gton, D.C.	COUNTY		
CITY (If outside of OR give neares TOWN Chev	corporate limits, write RUR t town)	AL and LENGTH OF STAY (in this place)	CITY (If outside corp OR TOWN	orate limits, write F	URAL and giv	e nearest tow	n)
HOSPITAL OR	R Rest Home-Fr	iendship	STREET ADDRESS 5336	(If rural, g	N.W.		1
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Kate	H.	Swart	DEATH	May	19	19 5]
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 8/6/1859	9. AGE last birth	day If under Months	I year If und Days Hour	er 24 hrs.
10a. USUAL OCCUP done during most of Housewi	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry OWN home	Washingto			CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAM	Æ.	: DRII NONG	14. MOTHER'S MAIDE	EN NAME		USA	
John	Chesney		Mary Kin	C			
15. WAS DECEASED E	EVER IN U.S. ARMED FORCES (II yes, give war or dates	? 16. SOCIAL SECURITY NO.	Mary Kin	ADDRESS			
no, or unknown)	service)		Grace Sigourn	ev 5321 Co	lo Ave.	NW. DC	
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL B	DEATH
		2					
Immedia	te cause (a)	Myocardial deger	eration with a	cute heart	Tailure		
422,2 Antecede	mt anusa (a)						
Diseases or	conditions, if any, (b)						
giving rise t	to the above cause		***************************************	4 00 00 00 00 00 0 0 0 0 0 0 0 0 0 0 0		. 100 000 000 000 000 00000000000000000	
4500 arming the	underlying cause last						
II OTHER SIGNIE	(c)					1	
Conditions contrib	uting to the death but not use or condition causing deat				Ellen		
19a. DATE OF OPE	ERATION 196. MAJOR	FINDINGS OF OPERATION				20. AUTOR	PSYT
	l l					Yes 🗆	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ		(CITY OR		(COUNTY)	(STAT	E)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While st Not While Work At work	HOW DID INJURY C	OCCUR?	7		
			E1 E/	30 53			
22. I hereby cer	tify that I attended th	e deceased from 5/11	, 19.04., to	19, 192.1, 1	that I last a	aw the dec	eased
alivo on 5	/19 10 51 ar	d that death occurred at	4:30 am from th	no been post on	the date at	atad abaya	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	(Degree or title)	ADDRESS	ie causes and on	the date st	DATE SI	
Josey	the four	dan M.D.	5412 Colo Av	e. N.W.		5/19/	51
23. BURIAL, CREM	MATION DATE THERE		RY OR CREMATORY		, town, or count	(S	tate)
REMOVAL (Spe	5/22/5	Lock Cr	24. FUNERAL DIRECT	Washi	ngton, D	C	
DATE REC'D BY						ADDRESS	3
REG/21/51	Dessi	e . Thompson	S. H. Hines C	0. 2901 14	th St. N	n. D.C.	

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

SA ANSTANA

the correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

05049

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Mantaomery MARYLAND	STATE Maryland COUNTY	Montgomer
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) Bethesda (in this place)	Town Bethesda	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR SUBURBAN HOSP-	ADDRESS 214 Wilson Lane	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Davig Wloyd	AXIS DEATH MAY	13 19 51
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) XXX		Dayy Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT
done during most of working the veron if retired) INDUSTRY	Bridgeton, New Jersey	OUNTEY! USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
a)onn OTTO LAXIS	Doris Chew	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Hospital Records	
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Subacute	meningitis prob, influence	3 WKS.
Duc 1		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause	***************************************	************************
stating the underlying cause last		44
(c) Preumonitis		4 w/53.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
may 2, 1951 meninged block		Yes 🗹 No 🗍
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
and the state of t	10.61 . 6-13 10.61	
22. I hereby certify that I attended the deceased from 4 -/5		
alive on	A. m. from the causes and on the date sta	ted shove
SIGNATURA (Degree or title)	ADDRESS	DATE SIGNED
Jalun - Luman or	Betterda manfort	5-13-51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	, , , , , ,
	Cemetery Bridgeton, New	Jersey
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR //	
		ADDRESS
REG. 5-14-5) Pessie In Showken	Robert W. Tumphray Bethesda,	



correct age The WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05950

I. PLACE OF DEATH- COUNTY Montamulus MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE STATE	COUNTY Monte
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place)	OR TOWN Towns OR	
HOSPITAL OR INSTITUTION OR Stripo Creek at Carnell live	STREET (If rural, give loc	ation)
3. NAME OF DECEASED (First) Esther Clark	Terry 4. DATE (Mor	oth) (Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last irthday 6-11-1911 39 39 s.	If inder 1 year If under 24 hrs Months Days Hours Min.
10a. /SUAL OCCUPATION (Give kind of work done doing most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME Clark	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 46. SOCIAL SECURITY No. (Year no, or unknown) If yes, give war or dates of service)	Edward H Terry	(husband)
18. MEDICAL CE	ERTIFICATION	INTERVAL BUTWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
78X Immediate cause (a) Internal he	morrhyn due to	sidhe
Aniecedent cause(s) Diseases or conditions, if sny, glving rise to the above cause stating the underlying cause last	u.f.	ols ×
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.	ander pasine left	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY Clor CONTRIBUTING OF office bldg., etc.)	(CITY OR TOWN) (C	OUNTY) (STATE)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Nort while injury work at work	HOW DID INJURY OCCUR?	
		the said-
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decfrom: natural causes , accident , suicide , homicide	eased died on the dry stated above, and death undetermined	in my opinion resulted
SIGNATURE (Degree of title)	ADDRESS MAD	DATE SIGNED
	ERY OR CREMATORY LOCATION (City, town	, or county) (State)
	n Crematory Prince Geo.	County Md.
DATE REC'D BY LOCAL REGISTRABLE SIGNATURE	24. FUNERAL DIRECTOR Warner & Pumphrey 8434 Georg	ADDRESS
John Marine Marine	CISILIAN SON	ing Marriand



VS. A15

e correct age

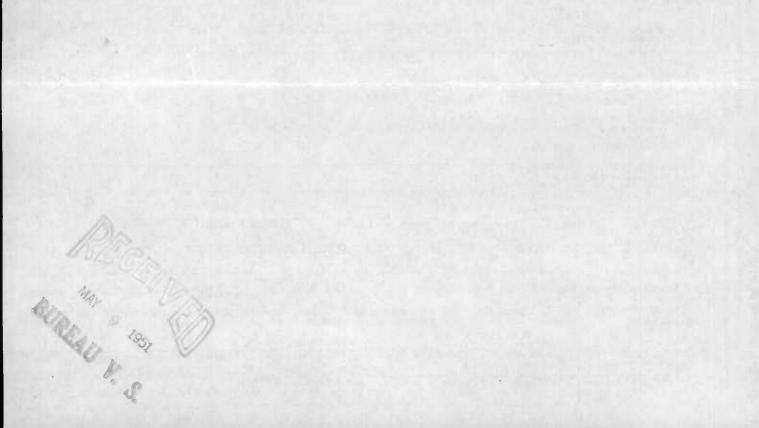
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05051

1. PLACE OF DEATH-		2. USUAL RESIDENCE (H	OME) OF DECEASED	
Montgomery	MARYLAND	Maryland	Mor	ounty
CITY (if outside corporate limits, write RURAL OR CIVE TOWN RUPATE town Clagettsvil	le (in this place)	OR TOWN Rural	· Clagettsv	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET	Via, Md. F	tion)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
(Type or Print) Vedah	Blanche	Thompson	OF DEATH MAY	5 151
5. SEX 6. COLOR OR RACE 7	SINGLE, MARRIED,	8. DATE OF BIRTH	. AGE last birthday I	f under 1 year If under 24 hra.
Female White	(Specify) Married	April 15.1890	61 ym. 1	Montha Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 1	Oh. KIND OF BUSINESS OR LADUSTRY HOME	II. BIRTHPLACE (State or Lewisdale		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0011
William Beall		Virginia V	atkins	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT AND	DDRESS	
(Yes, no or unknown) (If yes, give war or dates of service)	none	Elmer Thompso	n. Monrovi	a. Md.
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
1	0			
Immediate cause (a)6	oronary occlu	sion	*** *************************	1 now
420. Antecedent cause(s) Diseases or conditions, if any, (b)	terioseleratio a	arlivorscular	lesease	r years.
93 degiving rise to the above cause stating the underlying cause last		The state of the s		
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
				Yes No No
21. ACCIDENT (Specify) PLACE OF (HOMICIDE INJUR)	(Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	WN) (CO	UNTY) (STATE)
OF W	NJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	JR?	
22. I hereby certify that I attended the d	deceased from sly 1. a.	, 1943, to May 5	, 195./, that I	last saw the deceased
		7		
22. I hereby certify that I attended the dalive on Thursday 10, 1971, and SIGNATURE		7		
SIGNATURE OF LEW	that death occurred at J. (Obegree or title) N. W.	ansees, M.	auses and on the d	ate stated above. DATE SIGNED May 1, 1951
SIGNATURE 23. BURIAL, CREMATION DATE THEREOF	that death occurred at No. W W W W W W W W.	ADDRESS MARY OR CREMATORY LO	auses and on the d	DATE SIGNED May 7,/951 or county) (State)
SIGNATURE 23. BURIAL, CREMATION DATE THEREOF	that death occurred at No. W W. NAME OF CEMETER Montgo:	ADDRESS ANDRESS RY OR CREMATORY LOT MERY Church Cl	auses and on the d CATION (City, town, agettsvill	DATE SIGNED May 1, 1951 or county) (State)



10-01

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05052

CERTIFICATE OF DEATH

eg. Dist. No. 2 16

1. PLACE OF DEAT	LH.		2. USUAL RESIDENCE STATE		COUNTY
MOY	itgomery	MARYLAND	Mary	land	Montgomery
OR give neares	corporate limits, write RUR	AL and LENGTH OF STAY (in this place)			L and give nearest town)
TOWN	Chevy Chas	e 25Yrs	TOWN Chevy	y Chase	
HOSPITAL OR INSTITUTION O			STREET	(If rural, give ic	cation)
STREET ADDRI	Ess 9 East Tho	rnapple St.	ADDRESS 9 Ea	ast Thornan	ple St.
3. NAME OF DECEASED	(First)	(Middle)	(Last)	OF	onth) (Day) (Year)
(Type or Print)	Hettie	Preston	Tyson	DEATH M	ay l 1951
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	16 Feb 1855	9. AGE last hirthday	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCU	PATION (Give kind of work		11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY	Frederic	ck. Md.	COUNTRY? USA
13. FATHER'S NA			14. MOTHER'S MAIDE		O DII
	Charles W.	?	Sara	ah Hallar	
	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT	all Harrar	
(Yes, no, or unknown)) (If yes, give war or dates service)	None	Mrs. Hettie	P. Haydon	
		18, MEDICAL CE		The state of the s	
r brancasa on a	ANDIMIONA DIDIAMIN				INTERVAL BETWEEN
I. DISEASES OR C	CONDITIONS DIRECTLY	BEADING TO DEATH	- 0	7-	ONSET AND DEATH
Towns At a	4	mariale	on it ma	willow	67 als
Inmedia	te cause (a)	1 1 1			
Antecede	ent cause(s)	Ac - Viti			134 410
	conditions, if any, (b)	- accord		**************************************	
stating the	underlying cause last	Patient had or wa 2. Mixed arthrit	s: 1. Almost	totally deaf	
	(c)	2. Mixed arthrit	is, rather mar	ked	1
II. OTHER SIGNIF	TICANT CONDITIONS	. Myocarditis.	but it was not	typical card	ac death
Conditions contrib	nuting to the death hut not ease or condition causing deat		h & throat muse		
19a. DATE OF OPI		FINDINGS OF OPERATION	expectorat	on or through	20, AUTOPSY?
			(5/775	on difficult	Vie D N. C
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (C	OUNTY) (STATE)
SUIGHDE HOMICIDE	OF INJ	JRY			(SIRIE)
TIME (Month)	(Day) (Year) (Hour)	While at No. While	HOW DID INJURY O	CCUR?	
INJURY	m.	Work At work			
		71.00	11/ 1 h	100 5/	
22. I hereby cer	tify that I attended th	e deceased from	1946, to	19 that	I last saw the deceased
30	ap 195/ an	3 11-1 3-11	& Cam, from th		
alive on SIGNATURE	18., an	d that death occurred at	ADDRESS Irom tr	ie causes and on the	DATE SIGNED
SIGNATURE	Alle	. 14]	-12 /100x	Re. P. 1	IAL SIGNED
CVV.	Tuenwi	4, 1104,35	2 L wines	2001 4 64.1	ma may 51
23. BURIAL, CREM	(ATION DATE THERE		RY OR CREMATORY	LOCATION (City, town	, , , , , , , , , , , , , , , , , , , ,
REMOVAL (Spe	15/4/51		t-Erederick	Wrederick	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	2. FUNERAL DIRECT	ror/	ADDRESS
REG. 5 - / -	51 Bearie	m Hombson	Mober M.	Terre to be an	Bethesda Md

VS. A15

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2411 N. Charles Street, Baltimore

2411 N. Charles Street, Daitintore

CERTIFICATE OF DEATH

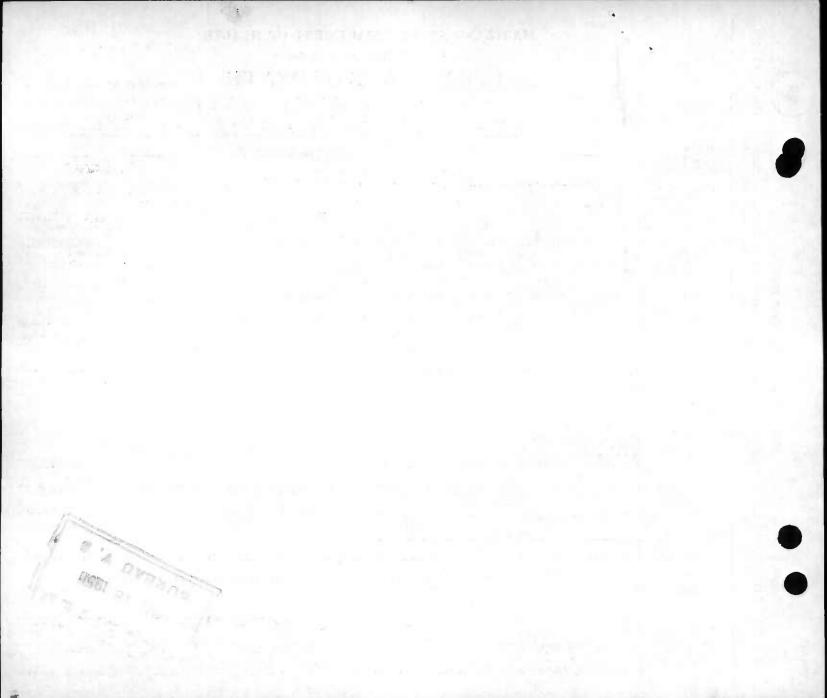
Reg. Dist. No. 217

1. PLACE OF DEATH- COUNTY 14 1	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v. 7
Maryland Maryland	O DUTOTOVALLYNON /	Moustone
OR give nearest town) Brookeville LENGTH OF STAY TOWN	CITY (It outside corporate limits, write RURAL and gi	ve nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	WEBER DEATH MAY	13 195
6. SEX Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specity) widowed	8. DATE OF BIRTH 9. AGE last birthday Months	Days If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lovernment Clerk 10b. Kind of Business or Industry Lovernment	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? SA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	,,,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	0
(Yes, no, or unknown) (If year, give war or dates of service)	hustran Doung Brown	herette.
10 METAGAI GEL	OFFICE OF THE PARTY OF THE PART	17
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral	Hemorrhage	Immediate
///// Antecedent cause(s)		
Arterios	Gerofic Cardio-vascular-renal disease	a 6 months
Diseases or conditions, if any, giving rise to the above cause 131a stating the underlying cause last	Journal and the state of the st	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 + + + + + + + + + + + + + + + + + + +
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No R
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from 4/4	., 19.51, to 5/13, 19.57, that I last s	aw the deceased
alive on 5/5, 1957, and that death occurred at 3 SIGNATURE (Degree or title)	ADDRESS and on the date st	ated above.
Kichael a. Yates mid. Olm	1 1	13 / VE
23 SURIAL, CREMATION DATE REMOVAL (Specify) Day 16-175 Pew Calker	1 10 0/ 11 07 0.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	DFUNERAL DIRECTOR Parties of States	ADDRESS
	The state of the s	my my
	0 3	10916

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly:-MARGIN RESERVED FOR BINDING

The correct age

VS. A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

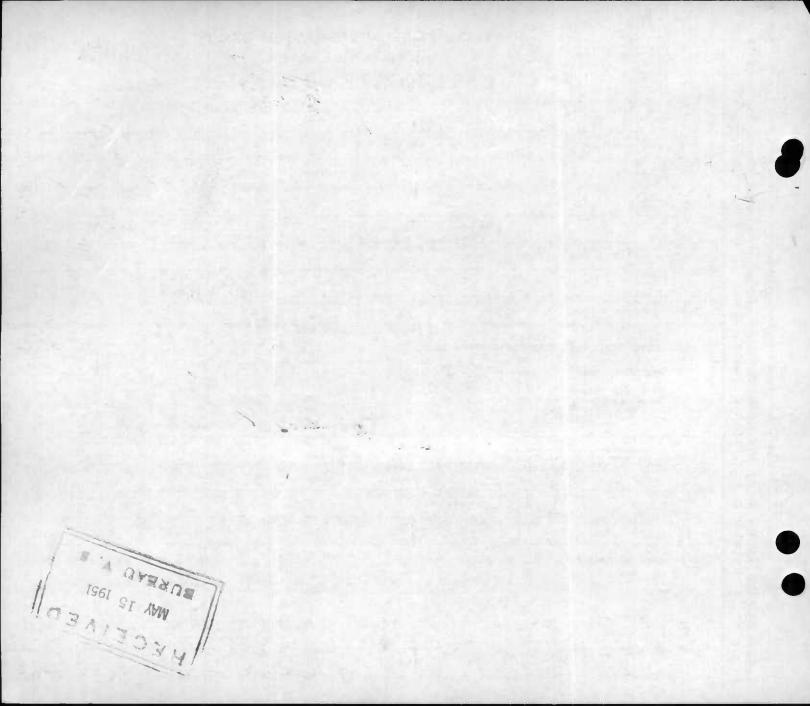
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05054

Reg. Dist. No. 223-

I. PLACE OF DEATH•	2. USUAL RESIDENCE (HOME) OF DECEASED
MARYLAND MARYLAND	STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town	OR
HOSPITAL OR Ja Komas Tark Bro. 4 days	D- O- HIT O
INSTITUTION OR Clashington Sanifacium + Hoppital	ADDRESS /
STREET ADDRESS Washington Janitarium + Hogy to	630 tarragut St. N. W.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ennie	1) hite DEATH 5 // 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE iast birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED,	Months Dave Hours Min
10a, USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	\(\gamma - \sqrt{2} - \gamma \) \(\gamma \)
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife	Virginia USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hlexander Harrison	Martha Beach
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Hospital Kecords
18. MEDICAL CE	RITHICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
-Ada Careen	none - Juguerd - C knowly EUDA
Immediate cause (a)	
1534 metaslass +	-0
Antecedent cause(s)	Kromboan 10 days
Diseases or conditions, if any, (b) giving rise to the above cause	
462 stating the underlying cause last	2 0 6 2 2 2 2 2 2 2
(c) ferment	Torcho promises Dacy
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
(ot 1 1947. Co Sommed C ex langua	Though ofform,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No W
A. A. CIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY —	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
() 0	0 11
22. I hereby certify that I attended the deceased from	, 19.4., to 5, 19.5., that I last saw the deceased
	10/1
alive on 19.5./., and that death of curred at 4	in., from the causes and on the date stated above.
SIGNATURE (Degree of title)	ADDRESS DATE SIGNED,
Land Tarelows	4 X 47 - Sell. Der . 05-11-41
7 4440	gran De 11 g
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Julias Office Configuration	Tarifax Va
DATE REC'D BY LOCAL ALGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR/ ADDRESS
REG. 5/12/51 FINN VOUV	April 00 Jose (1) 300-4th 14118
	7
	Jan. VS



2411 N. Charles Street, Baltimore

05055

CERTIFICATE OF DEATH

Reg. Dist. No. 2/4

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY 17 - 132. Mouto, MARYLAND	STATE Washington COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliff Nursing How	STREET ADDRESS 32 5 Biffaul H. U.C.
3. NAME OF DECEASED (Middle) Thomas Camuna -	(Leat). 4. DAVE (Month) (Day) (Year) OF DEATH 3 19 5
5. SEX 6. COLOR OF BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Willowed	8. DATE OF BIRTH Nov. 3 /862 9. AGE last birthday Wunder 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during work I working life, even if retired) INDUSTRY	Tederal burg, 2001, 12. CITIZEN OF WHAT COUNTRY Q
13. FATHER'S NAME Curplusure	wary & Ellen warbill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of introduct) (If yes, give war or dates of service)	Turs Mary zu Wilbry
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 3 3/X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	dation and 3 de
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Q
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
146, DAIL OF OFFICE TOWN MANAGES OF OFFICE OFFICE OF OFFICE O	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from.	195, to 5-3, 195 that I last saw the deceased
alive on	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
feld (open m. 1).	lil Ago, sel. 5-3.51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 5-1-51	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
May 4/51 Grances Totter	Lu Shina eo 7901-14th It no

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARGIN RESERVED FOR BINDING

7S. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT				(HOME) OF DECEASED.	rysymar.
Montgomery Maryland		Disti	rict of Columbia		
OR give pearest	orporate limits, write RUR		CITY (If outside corp	orate limits, write RURAL as	nd give nearest town)
	ethesda, Rural	la this place)	TOWN	Washington	
HOSPITAL OR INSTITUTION O	R		STREET ADDRESS	(If rural, give location	
STREET ADDRE	ss U.S. Nava	I Hospital	Hote	el Cairo (16th &	Q Sts., NW)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)) (Day) (Year)
(Type or Print)	John	Arthur	WILHELM	OF DEATH MAY 2	22 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF BIRTH) 9. AGE last birthday If u	inder I vear III under 24 hrs
Male	White	WIDOWED, DIVORCED, (Speckly) Single	July 23, 1872	78 ym. 08	ntha Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State		12. CITIZEN OF WHAT
Enliste	ATION (Give kind of work working life, even if retired)	U.S. Marine Corps	Germa	any	COUNTRY? US(N)
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDE		
Demil	L WILHELM		Dorothy 1		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT ANI	ADDRESS	
YES unknown)	(If yes, give war or dates of service) WW I		U.S. Marine	Corps Records	
		18. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	7		INTERVAL BETWEEN
210211020 014 00	DINDING DINGGLES	011	(1)	7	ONSET AND DEATH
Immediat	e cause (a)	Myscardia	Lillara	lion -	Steamer
11. OTHER SIGNIFI	o the above cause inderlying cause last (c) ICANT CONDITIONS			V	
related to the disea	uting to the death but not se or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No X
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, atreet,	(CITY OR	TOWN) (COUR	
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY	m.	While at Not While Work At work			4
Jivy dn	LTJG MC, USN ATION DATE THEREO May 28,	NAME OF CEMETER 1951 Arlington	5:35P m., from the ADDRESS HOSPITAL, BETHING OR CREMATORY	ESDA, MD. May LOCATION (City, town, or Arrlington, Vir	te stated above. DATE SIGNED 7 24, 1951 county) (State)
May 24, 195	Some	brackt of	J // W/ /A	heral Home, 301	
	- Janua				
			DUITEU A MA	ADITATIE COIL. D.C.	44. 411

PILE PARTY SERVICE THE REAL PROPERTY. THE REPORT OF THE PARTY OF THE A THOU SHAN

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Pennsylvania Montgomery MARYLAND Indiana CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Bethesda, Rural (in this place) Marchand, Rural TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS U. S. Naval Hospital None STREET ADDRESS 3. NAME OF 4. DATE (Last) (Month) (Day) (Year) DECEASED WINEBERG Bertha Maude DEATH May 10, 1951 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last hirthday | If under 1 year | If under 24 hrs. Months Days Hours Min. Female White June 26. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
Housewife INDUSTRY Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney PEFFER Anna HALDERMAN 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Son: Charles R. WINEBERG, 7310 Martell 18. MEDICAL CERTIFICATION Ave., Baltimore, Maryland INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT ONSET AND DEATH Immediate cause 204, O Antecedent cause(s)
Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No T 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (Specify) (COUNTY) (STATE) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Mar. 28 19 51, to May 10, 1951, that I last saw the deceased 1951, and that death occurred at 6:48 P m., from the causes and on the date stated above.

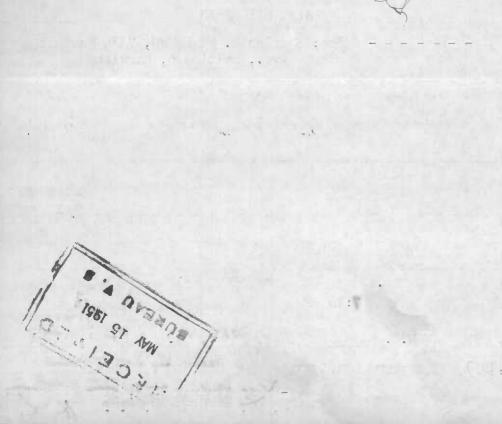
ADDRESS DATE SIG U.S. NAVAL HOSPITAL, Beth., Md. May 11
NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) ACT, MC, USN May 11, 1951 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) Marchand Cemetery May 11.1951 Marchand, Pennsylvania DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE . 24. FUNERAL DIRECTOR ADDRESS Chevy-Chase Funeral Home, 5101 Wisconsin Avenue, NW, Washington, D.C.

of information carefully death clearly and legibly. ly every item the causes of c Suppl write UNFADING INK. t. Physicians: please

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PLAINLY, is especially i

WRITE



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05058

Reg. Dist. No. 214

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Dist of Col COUNTY
CITY (If outside corporate white, write BURAL and LENGTH OF STAY	Dist of Ool
OR give near of the land, white bother and in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN We Shington
HOSPITAL OR INSTITUTION OR STREET ADDRESS (612 Wis and.	STREET (If rural, give location) ADDRESS 3911 Morrison St NW
3. NAME OF PIECE ASED (Middle) DECEASED (Type or Print) May 4 Carter V	Vingtield 4. DATE (Month) (Day (Year) OF DEATH Man (Day 195)
6. COLUMN RACE 7. SINGER, MAINTED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTY A. AGMast birthday Munder year Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most Awardian life, aren if retired) 10b. Kind of Business of Industry	11. BIP HPLACE (state of breign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Yelliam It. Carte	14. MOTHER MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Il yes, give war or dates of service)	Mrs Vergine W Sharpe
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause attyper les in	e Heart Diflus. 1045
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(0 960 ?
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1940	, 19, to 5/9, 195/., that I last saw the deceased
1-1	
alive on 2	ADDRESS DATE SIGNED
N. 4 July 5/9/01 1100	Connect all agre. Washing 1 on De
23. BURIAL, CREMATION DATE/THER OF NAME OF CEMETE	Hall Com Julian me
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	Chen has foul How 51032 and

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct

VS. A15

